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ABSTRACT

This supplement to the California Business Education Program Guide for Office and Distributive Occupations is designed to assist office education teachers of secondary, postsecondary, and adult students to update their business education curricula in light of new technology and increasing demand for skilled office workers. Focusing on medical secretaries, the guide is comprised of nine competency modules. Module topics include (1) medical terminology, (2) general medical office procedures, (3) medical office bookkeeping, (4) patient reception, (5) telephone interactions, (6) medical ethics, (7) interpersonal relationships, (8) automated office equipment, and (9) career advancement. The first pages of each module contain performance objectives which indicate to the instructor and student what can be taught/learned to meet entry-level medical secretary occupational standards. Following the list of performance objectives in each module are possible instructional strategies, pre/post tests, and possible instructional materials. A cross-reference section is included which outlines the main interrelationships between modules. The California Business Education Program Guide for Office and Distributive Occupations along with common core units of instruction are also available--see note. (LRA)

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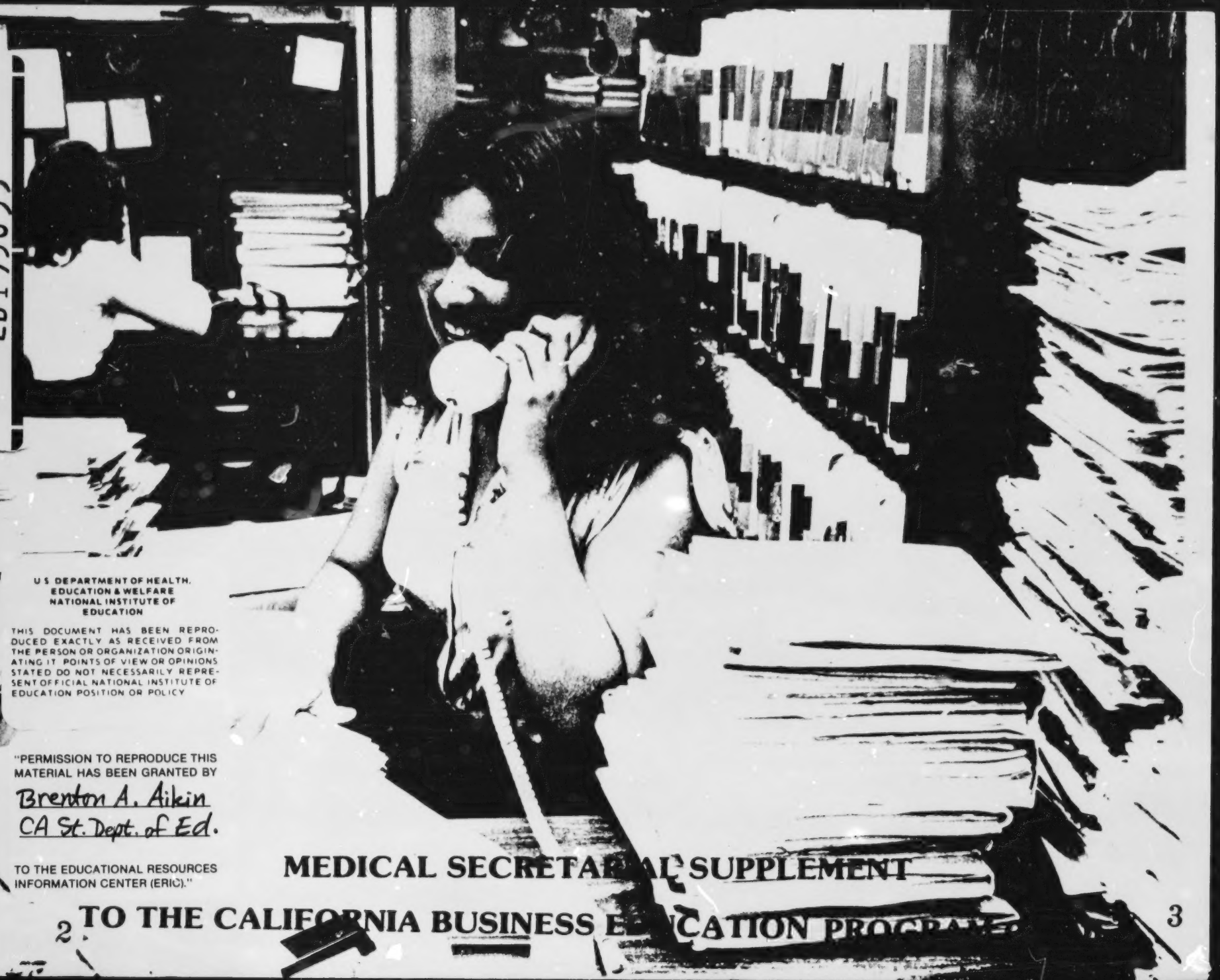

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MEDICAL SECRETARIAL SUPPLEMENT

TO THE CALIFORNIA BUSINESS EDUCATION PROGRAM

PREFACE

The Medical Secretarial Program is a competency-based instructional program guide for identified entry-level Medical Secretarial occupations. It was designed as a component of the Business Education Program Model and is a supplement to the California Business Education Program Guide for Office and Distributive Occupations. The procedures utilized in the development and validation of the Medical Secretarial guide parallel those of the original effort.

The guide was designed for use in secondary, adult education, Regional Occupational Program, and community college classroom teaching situations. To ensure its usability at each programmatic level, care was taken that members of the Task Force who developed the guide represented each of these groups. As a result, the guide can be used in a variety of ways according to the preference of the instructor or the business department. Any of the following strategies might be appropriate:

1. Insert selected competency modules at appropriate points in the existing program.
2. Redesign the existing textbook-centered program to emphasize the development of the required competencies.
3. Develop the instructional program around the competency modules required for employment and identified entry-level word processing occupations, with the textbook serving only as a resource instrument.

This document was produced by Ira Nelken & Associates, Inc. of Chico and Planning Associates of Merced under contract to the California State Department of Education, Business Education Component of the Vocational Education Unit, and the California Community Colleges Chancellor's Office. This guide was made possible only through the efforts of a group of California educators and representatives of industry who gave of their time and talent to develop the contents and review the draft. Those to whom this guide should be attributed include the following:

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The work of the Task Force was based on employment data derived from a variety of sources. We would like to extend a special thanks to the various employers, managers, and front-line supervisors who assisted us in identifying the basic competencies they expected for entry-level Medical Secretarial employees. They included the following:

Gloria Hogg, Office Manager
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Chico

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Mountain View

Collen Anderson, Office Manager
Office of Drs. Heithecker & Walker,
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Arlene Drennan, Office Manager
Office of Dr. Caviness, General Practice and Surgery
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Staff Resources (Medical Personnel Placement)
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Beth Hersh[illegible], Office Manager
Office of Drs. Reiswig & Saunders,
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Chico

In addition to the task analysis completed by project staff, a different level of analysis was performed by Dr. Alice Holst's Medical Secretarial training class at Vintage High School in the Napa Unified School District. For the last thirteen years (1967-1980), Dr. Holst's students have been placed in medical offices for work experience. At the conclusion of each placement, the student completes a form detailing the kinds of tasks performed at the work site. Dr. Holst's class of 1979-80 analyzed the results of thirteen years of work experience in 23 medical doctors' offices in the Napa area and further validated the task analysis performed by project staff.

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Mr. Gary Thompson for guidance and direction
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MEDICAL SECRETARIAL SUPPLEMENT
CALIFORNIA BUSINESS EDUCATION PROGRAM GUIDE
FOR OFFICE AND DISTRIBUTIVE OCCUPATIONS

Purpose

This supplement was developed to assist office education teachers of secondary, adult ed, Regional Occupational Program, and community college students to update their business education curricula in light of new technology and increasing demand for skilled office workers. By 1990 the U.S. economy will generate nearly 20 million new jobs. Well over half will be in white-collar occupations--professional and technical workers, managers, and sales and clerical workers, according to the estimate of the Bureau of Labor Statistics of the U.S. Department of Labor. The projections are part of the Bureau's biennial occupational outlook program.

Clerical workers--including bank tellers, bookkeepers, cashiers, secretaries, and typists--constitute the largest and fastest growing white-collar group. Between 1978 (the year on which the projections are based) and 1990, employment growth in these occupations is expected to generate 4.8 million jobs. Significant employment growth is anticipated for secretaries, typists, and receptionists. The chart below* indicates the projected rate of growth for selected clerical jobs from 1972 to 1985. The growth rates are expected to remain as high or higher to 1990.

Job Title	Estimated Employment 1972	Projected Requirements 1985	Percent Growth 1972-1985
Cashiers	998,000	1,360,000	36.1
File Clerks	272,000	318,000	16.7
Office Machine Operators	195,000	230,000	17.9
Receptionists	436,000	650,000	50.0
Statistical Clerks	299,000	375,000	25.8
Stock Clerks	511,000	750,000	46.2
Typists	1,021,000	1,400,000	38.7

*Based on Bureau of Labor Statistics (Bulletin 1824, 1974)

These figures are representative of trends nationwide and throughout all industries.

The reasons for the high demand for skilled office workers are basic: the office worker is needed in every community, large or small, and in every type of activity; the population is growing; more information from more sources is being collected from more places; the government is requiring greater reporting; more complex business operations require more data inputs for decision making; and more diversification within companies requires more data compilations and more communications with branches in other sections of the country.

New developments in computers, office machines, and dictating equipment will greatly affect employment in many occupations within this group.

In response to this emerging occupational opportunity, the California State Department of Education, and the California Community Colleges Chancellor's Office sponsored a contract to develop guidelines for a core Medical Secretarial training program to provide students with entry-level job competencies (skills, attitudes, and knowledges) compatible with the needs of employers. The supplement is based upon identifiable competencies, rather than upon traditional courses. The system for managing the program was designed such that the transition from courses to competency-based instruction can be made with relative ease by teachers who work in a variety of school settings. The guide includes student-oriented performance objectives, a number of optional approaches to instruction, pre/posttests, and possible instructional materials.

Rationale

The Medical Secretarial field was chosen because it represents an office occupations area with many new entry-level employment opportunities readily available to students completing office education programs. An investigation of both task-analysis studies and task analysis as reported by employers or front-line supervisors determined those competencies needed by entry-level medical secretaries in the performance of their work. Participating employers were duly noted in the Preface to this guide. The major studies to which the project team referred in the course of their work included:

Crawford, Lucy - A Competency Pattern Approach to Curriculum Construction in Distributive Teacher Education; (ED 032 382 -- ED 032 911) Virginia Polytechnic Institute and State University, Blackburg, Virginia.

Davis, Gene and Smith, Art - Cooperative Occupational Survey -- Skills Identified with the Clerical and Sales Job Fields; Riverside, California.

Erickson, Lawrence W. - Basic Components of Office Work -- An Analysis of 300 Office Jobs; University of California, Los Angeles.

Kallaus, Norman F. - Hiring Standards and Job Opportunities for Beginning Office Workers; University of Iowa, Iowa City, Iowa.

Perkins, Edward et al. - Clusters of Tasks Associated with the Performance of Major Types of Office Work; Washington State University, Pullman, Washington.

Many of the comptencies contained in this guide can be expanded and used for a wide variety of office occupations by using appropriate illustrative examples for most of the following office occupations. These office occupations, as determined by the Department of Labor in its Dictionary of Occupational Titles (DOT) are:

203.362-010	Clerk Typist	214.482-018	Medical-Voucher Clerk (insurance)
203.582-066	Typist	079.367-014	Medical-Record Technician
205.362-018	Hospital Admitting Clerk	245.362-010	Medical-Record Clerk
201.362-014	Medical Secretary	262.157-010	Pharmaceutical Detailer
201.362-030	Secretary	166.267-014	Hospital Insurance Representative
205.362-030	Outpatient Admitting Clerk	169.167-034	Manager, Office
209.562-010	Clerk, General	245.362-014	Ward Clerk
214.362-022	Insurance Clerk (hospital or patient)	245.367-010	Animal-Hospital Clerk
214.482-010	Billing-Machine Operator	245.367-014	Blood Donor-Unit Assistant

Procedures

Using data obtained from industry and the literature, the project team assembled a Task Force composed of instructors from all the levels of education concerned with the supplement, as well as members of industry. The Task Force prepared minimum performance objectives and a sequence of suggested instructional strategies for each of the nine identified competency modules. In addition, available educational resources were searched, such as the Educational Research Information Center and the Business Education Data Dissemination System (BEDDS), in an attempt to identify additional instructional strategies that would develop requisite competencies.

Limitations

This guide addresses only the Medical Secretarial occupations and concerns itself only with need-to-know, entry-level skills, attitudes, and knowledges. It is simply a guide, not a complete curriculum. It is fully recognized that these competencies do not encompass a complete business education program. Further, for obvious reasons, we were unable to include all the many materials available in the field for use in an effective Medical Secretarial course. Further, there was no attempt to identify and list all the possible objectives and strategies which a teacher could use for Medical Secretarial instruction. However, we feel that, at this point in the evolution of Medical Secretarial instruction, the guide represents a very useful outline to the instructor who is either initiating a Medical Secretarial program for the first time, revising a program in light of the current state-of-the-art of the industry, or simply needing to measure course content with what other practitioners feel is important in such a course. Given the continuous changes in the Medical Secretarial field, we acknowledge that this supplement will probably need revision within the next five years, but we trust that within that period of time the document will be of major assistance to teachers of future Medical Secretaries.

Program Model

The program model on the following page provides an overview of the California Business Education Program Guide for Office and Distributive Occupations and its supplements. It shows that competencies common to both distributive and office entry-level occupations have been identified. This concept is significant because it provides a foundation for job flexibility. The office core competencies are those which were identified as being common to eight selected office jobs: general office clerk, typist, stenographer, accounting clerk, banking/finance clerk, medical secretary, legal secretary, and medical secretary. The distributive core competencies are those which were identified as being common to four selected distributive jobs: checker-cashier, salesperson general, service station attendant, and waiter-waitress. The reader will note that the banking/finance clerk shares competencies from both the distributive core and the office core.

Suggested Prerequisite Competencies to Medical Secretarial Modules

The following competencies are suggested prerequisites to this supplement. They are contained in the CBEP Guide. It will be helpful if students have already completed these competencies. Alternatively, the instructor may wish to draw on these before teaching the various modules contained in this supplement.

Common Core Competencies:

- 104.00.00 Handwriting
- 106.00.00 Job Application
- 113.00.00 Spelling
- 114.00.00 Telephone
- 115.00.00 Working with People
- 116.00.00 Written Communication (Part 1 of Two-Part Sequence. Part 2 is 208.00.00)

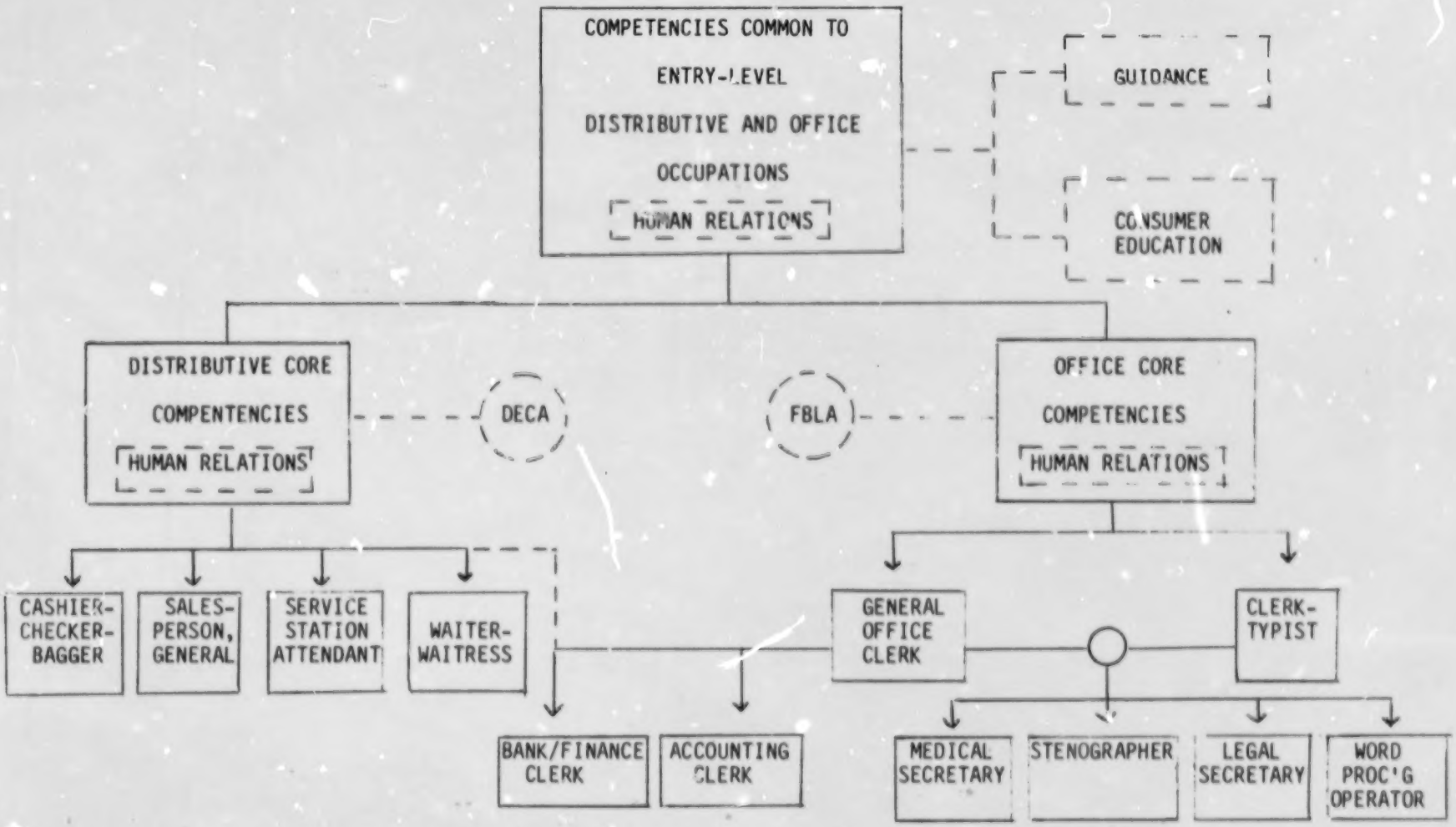
Office Core Competencies:

- 201.00.00 Duplicating
- 202.00.00 Filing and Retrieving (Part 1 of Two-Part Series. Part 1 is 302.00.00)
- 203.00.00 Mail--Incoming and Outgoing
- 204.00.00 Petty Cash
- 205.00.00 Spelling
- 206.00.00 Typing
- 207.00.00 Working with People
- 208.00.00 Written Communication (an extension of 116.00.00)

General Office Clerk Competencies:

- 302.00.00s Filing and Retrieving
- 303.00.00s Mail--Incoming and Outgoing

PROGRAM MODEL FOR OFFICE AND DISTRIBUTIVE OCCUPATIONS



How To Use This Guide

There are nine competency modules in the Medical Secretarial Supplement. Those competencies which the Task Force considered most important for Medical Secretarial training will be found first. It is surely not the intent of this guide to tell office occupation educators what to teach or how to teach it. By structuring the supplement in this manner, however, the Task Force hoped to provide maximum assistance to the instructor just beginning to implement a Medical Secretarial course and possibly unsure of content, or tc the instructor forced to abbreviate course content into one semester or less. This supplement also includes performance objectives which indicate to the instructor and student what can be taught/learned to meet entry-level Medical Secretarial occupational standards.

The supplement was developed with all classroom circumstances in mind and should be read carefully and completely. It can then be checked with present instructional materials and units. Standard texts, LAPS, and other instructional materials can be used to teach the competencies, but the instructor needs to review them to see exactly which critical competencies each covers. Adding new CBEP instructional units and performance objectives to cover the competencies that need to be taught/learned is mainly a case of deciding on instructional materials and methods. Many of the CBEP performance objectives are written so that with little or no modification they can be taught in common, small group, and/or individualized settings.

The first pages of each of the nine modules contain the performance objectives--condition, performance, and standard for each. Generally, one objective logically follows another. However, some cf the objectives are independent and have been placed in the most logical and meaningful spot. Each objective is important and necessary.

Following the list of performance objectives in each module are possible instructional strategies for those objectives. In some instances, one or more objectives in one competency module can best be taught and learned with objectives from another module. You may find in some cases that an objective in one module is nearly identical to an objective in another module. The Cross-Reference section below outlines the main interrelationships between modules. For those modules which call for them, sample documents, forms, etc. have been included (or the instructor is advised how to obtain them) and their use explained in the instructional strategies.

Finally, the performance objectives can serve a variety of useful purposes in the instructional program. The performance objectives can be used as guides for students, for example. They can be reproduced, given to students to identify exactly what is to be learned, and then used as a check list. If the instructional situation involves a cooperative or work experience program or a community classroom/lab training station, managers may also be given an abbreviated check list of the objectives so they, too, are aware of their trainees' related instructional programs and can assist in specific training.

The performance objectives are particularly useful as competency-based exams. By developing tests based on the objectives covered in a unit of instruction, the instructor can prove that the unit taught what students needed to know and do, and the students can prove they have gained the required knowledge, skills, and attitudes.

The competency modules, or individual performance objectives within them, can be the basis for a Certificate of Competency that lists exactly what each student has been able to perform at job standard. Certificates of Competency are very helpful to graduates seeking employment and are useful for informing the business community of the qualifications young people can gain through a comprehensive Office Education program. An example of a Certificate of Competency has been included in Appendix D.

Cross-Reference of Objectives/Competencies in the Medical Secretarial Supplement

Some competency modules almost demand to be taught with other competency modules. Many performance objectives from one module relate directly to performance objectives from others. The chart below is not exhaustive, but can be used to find related modules.

MODULE	SUBJECT	RELATED PERFORMANCE OBJECTIVES CAN BE FOUND IN:
Medical Terminology	Medical Terminology for Phone Work	• Medical Office Telephone Interactions
	Medical Terminology for Giving/Receiving Test Results	• General Medical Office Procedures • Medical Office Telephone Interactions
	Medical Terminology for Reports, Forms and Speeches	• General Medical Office Procedures • Medical Office Bookkeeping • Medical Ethics • Career Advancement • Modern Office Equipment
	Standard Medical Abbreviations	• General Medical Office Procedures • Medical Office Bookkeeping • Medical Office Telephone Interactions
General Medical Office Procedures	Typing Medical Forms	• Medical Terminology • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	Medical Transcription	• Medical Terminology • Medical Office Bookkeeping • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	Correspondence	• Medical Terminology • Medical Office Bookkeeping • Medical Ethics • Modern Office Equipment
	Patient and Office Files	• Medical Office Bookkeeping • Patient Reception • Medical Ethics

MODULE	SUBJECT	RELATED PERFORMANCE OBJECTIVES CAN BE FOUND IN:
	Incoming/Outgoing Mail	• Medical Office Bookkeeping • Medical Ethics
	Office Equipment Maintenance	• Medical Office Bookkeeping • Medical Office Telephone Interactions • Modern Office Equipment
	Office Supplies	• Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	Office and Record Security Maintenance	• Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	General Housekeeping Duties	• Patient Reception • Interpersonal Relationships
Bookkeeping for a Medical Office	Pegboard Accounting System	• Modern Office Equipment
	Adding Machine or Calculator	• General Medical Office Procedures • Modern Office Equipment
	Payments Received	• General Medical Office Procedures • Medical Ethics • Modern Office Equipment
	Aging Accounts	• Modern Office Equipment
	Review of the Explanation of Benefits	• Medical Terminology • Medical Ethics • Modern Office Equipment

MODULE	SUBJECT	RELATED PERFORMANCE OBJECTIVES CAN BE FOUND IN:
	Bank Deposit Slips and Daily Cash Tallies	• Patient Reception • Medical Ethics • Modern Office Equipment
	Recording Patients' Charges and Payments on Ledger Card	• General Medical Office Procedures • Medical Ethics • Modern Office Equipment
	Receipts for Payment	• Medical Terminology
	Preparation of New Ledger Cards	• General Medical Office Procedures • Medical Ethics • Modern Office Equipment
	Overdue Accounts	• General Medical Office Procedures • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	Special Insurance Forms	• Medical Terminology • General Medical Office Procedures • Medical Ethics • Modern Office Equipment
	Cross-Billing for Patients with Multiple Insurance Coverage	• Medical Terminology • General Medical Office Procedures • Medical Ethics • Modern Office Equipment
Patient Reception	Pulling and Refiling Patient Charts	• General Medical Office Procedures • Medical Ethics
	Greeting Patients	• Interpersonal Relationships
	Recording Patients' Names on Day Sheets	• General Medical Office Procedures

MODULE	SUBJECT	RELATED PERFORMANCE OBJECTIVES CAN BE FOUND IN:
	New Patient Forms/Contracts	• General Medical Office Procedures • Medical Office Bookkeeping
	Patient Appointments	• Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
Medical Office Telephone Interactions	Answering Telephones	• Patient Reception • Interpersonal Relationships
	Emergency and Routine Calls	• Patient Reception • Medical Ethics • Interpersonal Relationships
	Patient Appointments	• Patient Reception • Medical Ethics • Modern Office Equipment
	Information and Referral	• Medical Terminology • Patient Reception • Medical Ethics • Interpersonal Relationships
	Outgoing Telephone	• Medical Terminology • Medical Office Bookkeeping • Patient Reception • Medical Ethics • Interpersonal Relationships
	Scheduling Physician's Professional Appointments and Meetings	• Medical Terminology • Interpersonal Relationships
	Calling Medical Services to Give or Receive Information	• Medical Terminology • Medical Ethics • Interpersonal Relationships

MODULE	SUBJECT	RELATED PERFORMANCE OBJECTIVES CAN BE FOUND IN:
Medical Ethics	Legal Constraints Regarding Patient Confidentiality	• General Medical Office Procedures • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions
	Execution of Patient Release and Other Legal Forms	• Medical Terminology • General Medical Office Procedures
	Medical/Legal Aspects of Recordkeeping	• Medical Terminology • General Medical Office Procedures • Medical Office Telephone Interactions
	Professional Relationships With Employer and Other Staff	• Medical Office Telephone Interactions • Interpersonal Relationships
Interpersonal Relationships	Appropriate Dress & Grooming for Medical Office	• Patient Reception • Career Advancement
	Appropriate Patient Greetings	• Patient Reception • Medical Office Telephone Interactions
	Dealing with Stressful Situations	• General Medical Office Procedures • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	Prioritizing Tasks	• General Medical Office Procedures • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment

MODULE	SUBJECT	RELATED PERFORMANCE OBJECTIVES CAN BE FOUND IN:
	Adapting to Various Routines-- From Slow Periods to Emergency Situations	• General Medical Office Procedures • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions • Medical Ethics • Modern Office Equipment
	Responding Appropriately to Cultural Differences	• Patient Reception • Medical Office Telephone Interactions
	Interpreting Body Language	• Patient Reception
Modern Office Equipment	Word Processing	• Medical Terminology • General Medical Office Procedures • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions
	Table Top Computer/Time-Share Computer Systems	• Medical Terminology • General Medical Office Procedures • Medical Office Bookkeeping • Patient Reception • Medical Office Telephone Interactions
Career Advancement	Professional Portfolio	• Medical Terminology • General Medical Office Procedures • Interpersonal Relationships
	Career Possibilities in the Medical Clinical Field	• Interpersonal Relationships • Medical Ethics

NUMERICAL SYSTEM

A system has been devised to identify the components of the competency modules included in the program guide. Following is an explanation of the numerical system.

Code			Identifies
000			Program Level
	.01		Competency Module
		.00	Performance Objective Objective Number
	.02		Instructional Ideas
	.03		Pretest
	.04		Posttest
	.05		Learning Activity Materials

Example:

1100	.01	.01	Medical Secretarial Supplement
1101			Medical Terminology
	.01		Performance Objectives
		.01	Pronounce, Spell, Define
	.02		Instructional Ideas
	.03		Pretest
	.04		Posttest
	.05		Learning Activity Materials

Number	Condition	Performance	Standard
1101.01.01	Given the definitions and a guide to the pronunciation of the prefixes, suffixes, and root words used in the medical office,	the student will be able to pronounce, spell, and define combinations of these components	with 80% accuracy.
1101.01.02	Given an abbreviation or symbol for a medical term or phrase,	the student will spell out the term in long form and translate into English any Latin word or phrase	with 80% accuracy.
1101.01.03	Given the name of a specialized medical department/service,	the student will be able to identify what the department/service does, and the title of the doctor in that medical specialty	with 80% accuracy.
1101.01.04	Given an oral message to transmit from patient to physician or physician to patient or hospital staff,	the student will repeat orally the messages using various medical terms with proper pronunciation and take legible written messages with the proper spelling of medical terms	with 100% accuracy with resources.
1101.01.05	Given a written or dictated draft of a letter of medical report,	the student will transcribe in long hand or typed copy an amended version of the draft	with as many practices as necessary to achieve 100% accuracy with resources.
1101.01.06	Given a simulated patient chart, medical forms and, laboratory slips (see 1101.05.02 and 1104.05.01),	the student will identify laboratory and medical forms by the terminology on them and file in appropriate place in chart*	with 100% accuracy in three consecutive practices.
1101.01.07	Given a simulated patient chart and insurance forms,	the student will be able to read the medical notations to be used for the insurance forms*	with 100% accuracy in three consecutive practices.

Note: * Only introductory portions of other modules will be presented where there is an overlapping of material. Medical terminology is probably best integrated throughout the course.

Number		Instructional Ideas
1101.02.01	A.	An acceptable definition would be the meaning of each of the components of the word, as well as the complete meaning of the word formed (e.g., ad + renal = adrenal; ad = near or toward; renal = kidney; adrenal = near (the) kidney).
	B.	You may have the students make flash cards with the prefixes, roots, and suffixes on one side and the definition on the other.
	C.	Cassettes with proper pronunciation and definitions could be made available to the students.
1101.02.02	A.	Have the student make flash cards of common medical abbreviations on one side and the Latin (if applicable) and English long form on the other (e.g., p.o. = per os = by mouth (orally); CHF = congestive heart failure).
1101.02.03	A.	The same instructional suggestions given in 1101.02.01 B & C and 1101.02.02 B can be used by the student to learn proper pronunciation, spelling, and definitions of the medical specialities/specialists and the medical services/departments.
	B.	A field trip to a local hospital would give the students an opportunity to see what the various hospital services/departments actually do.
	C.	Have students develop an imaginary letter to a friend concerning a recent operation. Have them mention the kind of operation performed and the title of the doctor performing it. This could also be used as a criterion-reference test.
	D.	Have students fill in the appropriate form of the word given or the word which is defined in exercises such as the following:

I was rushed to the hospital for an emergency _____ (appendix). Dr. _____, an excellent _____ (speciality) said that I was fortunate to have my appendix removed when I did or I would have had _____ (blood poisoning).

Number		Instructional Ideas
1101.02.04	A.	Have two students simulate a medical call. One will relay a message using proper pronunciation, the other will take notes using correct spelling and legible handwriting. Reverse roles.
	B.	Have students read medical articles, looking up unfamiliar medical terminology. When they understand the article, have them communicate it to the class in layman's terms.
1101.02.05	A.	Have students focus on the correct spelling of the medical terminology.
	B.	After a minimum level of competency has been reached, i.e., possibly three consecutive correct transcriptions from legible copy/dictation, give students progressively poorer dictations and illegible handwritings to transcribe.
1101.02.06	A.	Collect a series of laboratory slips and medical forms from several local physicians. 1) Group like laboratory slips/forms together and discuss similarities of forms. 2) Mix up forms and have students tell you what each form is and where it should be filed.
	B.	Samples of typical medical forms are contained on the following pages. Others are suggested in 1101.05.02.
1101.02.07	A.	Have students read the diagnosis/treatments and fill in only that portion of the insurance forms.
	B.	Emphasize recognition of medical terminology and how it will be utilized in the completing forms.

SAMPLE: NEW PATIENT HISTORY AND PHYSICAL FORM

New Patient History & Physical

Ref. Phy.

NAME DATE AGE

Present Illness:

P.I.P.H.

1. Dysuria	11. Nocturia
2. Frequency	12. Discomfort
3. Urgency	13. Discharge
4. Incontinence	14. Fever/Chills
5. Hematuria	15. Enuresis
6. Pyuria	16. Testicular tenderness
7. Voiding Pattern	17. Impotency
8. ↓ CAL./forcefulness	18. CVA tenderness
9. Incomplete	19. Injury
10. Dribbling	20. Pain

P.H. Urological

1. 'V.D.	3. Urethral Injury	5. Prostatitis
2. Stricture	4. Epididymitis	6. Calculi

7. Surgery:

P.H. Family History

1. S.I.

2. O.P.

3. Med.

4. Allergies

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R.O.S. Cardio/Pul.

G.I.

Neuro. Mus.

Endocrine

Physical Exam: B.P. Temp.

H.E.E.N.T.:

Neck:

Chest: Lungs Heart

ABD:

Back:

Genitalia: Male ♂ Female ♀

Penis Introitus

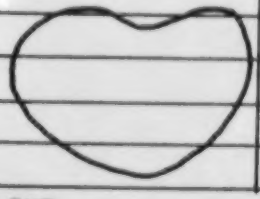
Urethra Urethra

Testes B.U.S.

Epididymis Vagina

VAS UT/AD

Rectal: Prostate



E.P.S.

EXT.

Neuro.

U.A.

DX:

RX:

REC./Plan

Number

Instructional Ideas

SAMPLE: ASSORTED SAMPLE LABORATORY SLIPS

ROUTINE CHEMISTRY

	RESULT	NORMALS		RESULT	NORMALS
Glucose (Fast):		70-115	Alkaline Phos:		36-92
Bun:		8-22	Phosphorus:		2-4.5
Cholesterol:		150-300	CPK:		36-188
Uric Acid:		2-7	SGOT:		10-30
Bilirubin			SGPT:		6-37
Total:		0-1.5	LDH:		109-193
Direct:			Calcium:		8.5-10.5
Total Protein:		5.5-8.0	A/G Ratio:		1.4-2.4
Albumin:		3.5-5.5	Creatinine:		0.5-1.5
Globulin:		2-4	Glucose (2 hr. PP)		

Comment:

Patient_____

Doctor_____

Date_____

Supervisor_____

ROUTINE CHEMISTRY

El Camino Press F-104

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SPECIAL CHEMISTRY

TEST	RESULT	NORMAL RANGE
Acid Phosphatase		0.04-0.7 BLB
Amylase		60-310 units
Sodium		138-146 meg/l
Potassium		3.8-5.1 meg/l
Chloride		95-107 meg/l
CO_2		24-32 mm/l
Triglyceride		36-165 mcg/dl
T_3 % uptake		35-55%
T_4 RIA		4.6-10.6 mcg/dl
FT Index		3.5-12.9 units

Comments:

SPECIAL CHEMISTRY

Patient_____

Doctor_____

Date_____

Supervisor_____

El Camino Press F-108

SEROLOGY

VDRL	
ANA:	
ASO:	
titer:	
Rheumatoid Factor:	
Mono Test:	
MISCELLANEOUS	
Rubella titer:	
Blood type	
ABO:	
Rh:	
DU:	
Indirect Coombs:	
Rh titer:	

Patient_____

Doctor_____

Date_____

Supervisor_____

Number	Instructional Ideas

1101.03.01 Pretest Directions: The following is a matching pretest to determine knowledge of medical terminology. Choose the definition on the right which best matches the word element (root words, prefixes, or suffixes) on the left and write the identifying letter in the space provided.

_____ 1.	cyto	A.	mucous membrane
_____ 2.	histo	B.	stomach
_____ 3.	dermo, dermato	C.	woman
_____ 4.	muco	D.	liver
_____ 5.	myo	E.	pain
_____ 6.	cardio	F.	cells
_____ 7.	osteo	G.	the study of
_____ 8.	gastro	H.	blood
_____ 9.	hepa, hepato	I.	stone
_____10.	ano	J.	pus
_____11.	encephalo	K.	surgical repair of
_____12.	neuro	L.	surgical removal of
_____13.	arterio	M.	plastic surgery
_____14.	andro	N.	skin
_____15.	gyne	O.	breathing

Number		Instructional Ideas	
____16.	ology	P.	fever
____17.	itis	Q.	man
____18.	algia	R.	tissues
____19.	certesis	S.	nerve
____20.	emia	T.	inflammation
____21.	febr	U.	treatment of
____22.	genic	V.	tumor
____23.	lith	W.	heart
____24.	oma	X.	muscle
____25.	oscopy	Y.	paralysis
____26.	plegia	Z.	producing
____27.	pnea	AA.	surgical incision
____28.	pyo	BB.	bone
____29.	therapy	CC.	anus
____30.	ectomy	DD.	visualization
____31.	orrhaphy	EE.	artery
____32.	osotomy	FF.	formation of an opening
____33.	otomy	GG.	brain
____34.	plusty	HH.	puncture of

Number Instructional Ideas

Answers: 1.F; 2.R; 3.N; 4.A; 5.X; 6.W; 7.BB; 8.B; 9.D; 10.CC; 11.GG; 12.S; 13.EE; 14.Q; 15.C; 16.G; 17.T; 18.E; 19.HH; 20.H; 21.P; 22.Z; 23.I; 24.V; 25.DD; 26.Y; 27.O; 28.J; 29.U; 30.L; 31.K; 32.FF; 33.AA; 34.M

1101.04.01 Posttest Directions: The following test contains the name of the present-day medical specialties, the standard title of the physician practicing in that specialty, or the definition of the specialty. One of the three items is already filled in. Complete the other two.

_____, _____. A sub-specialty of internal medicine dealing with diagnosis and treatment of body reactions resulting from unusual sensitivity to foods, pollens, dusts, medicines, or other substances.

ANESTHESIOLOGY, _____: _____

_____, Cardiologist: _____

_____, Dermatologist: _____

_____, _____: A sub-specialty of internal medicine concerned with diagnosis and treatment of disorders of the digestive tract.

GENERAL PRACTICE, _____, or Family Practice: _____

_____, _____: The diagnosis and treatment of disease by surgical means, without limitation to special organ systems or by regions.

GYNECOLOGY, _____: _____

60 _____, _____: The diagnosis and nonsurgical treatment of illnesses of adults. 61

Number Instructional Ideas

_____, Neurosurgeon: _____

NEUROLOGY, _____: _____

_____, _____: The care of women during pregnancy, childbirth, and the interval immediately following.

_____, Ophthalmologist: _____

OTOLARYNGOLOGY, _____: _____

_____, _____: Study and interpretation of changes in organs tissues, and cells as well as alterations in body chemistry. These laboratory studies aid in diagnosing disease and determining treatment.

_____, Pediatrician: _____

_____, _____: Diagnosis of disease or injury in the various systems and areas of the body and treatment by means of physical procedures as well as treatment and restoration of the convalescent and physically handicapped patient.

PLASTIC SURGERY, _____: _____

_____, Psychiatrist: _____

RADIOLOGY, _____: _____

Number Instructional Ideas

_____, _____: The use of radiant energy, including x-rays, radium and other radioactive substances in the treatment of diseases.

THORACIC SURGERY, _____: _____

_____

_____, Urologist: _____

_____

Answers to the completion test are as follows:

ALLERGY, Allergist: A sub-specialty of internal medicine dealing with diagnosis and treatment of body reactions resulting from unusual sensitivity to foods, pollens, dusts, medicines, or other substances.

ANESTHESIOLOGY, Anesthesiologist: Administration of various forms of anesthesia in operations or diagnosis to cause loss of feeling or sensation.

CARDIOVASCULAR DISEASES, OR CARDIOLOGY, Cardiologist: A sub-specialty internal medicine involving the diagnosis and treatment of disease of the heart and blood vessels.

DERMATOLOGY, Dermatologist: Diagnosis and treatment of diseases of the skin.

GASTROENTEROLOGY, Gastroenterologist: A sub-specialty of internal medicine concerned with diagnosis and treatment of disorders of the digestive tract.

GENERAL PRACTICE, General Practitioner or Family Practice, Family Practitioner: The diagnosis and treatment of disease by both medical and surgical methods, without limitation to organ systems or body regions, and without restriction as to age of patients.

GENERAL SURGERY, Surgeon: The diagnosis and treatment of disease by surgical means, without limitation to special organ systems or body regions.

GYNECOLOGY, Gynecologist: Diagnosis and treatment of diseases of the female reproductive organs.

Number

Instructional Ideas

INTERNAL MEDICINE, Internist: The diagnosis and nonsurgical treatment of illnesses of adults.

NEUROLOGICAL SURGERY, Neurosurgeon: Diagnosis and surgical treatment of brain, spinal cord, and nerve disorders.

NEUROLOGY, Neurologist: Diagnosis and treatment of diseases of the brain, spinal cord and nerves.

OBSTETRICS, Obstetrician: The care of women during pregnancy, childbirth, and the interval immediately following.

OPHTHALMOLOGY, Ophthalmologist: Diagnosis and treatment of diseases of the eye, including prescribing glasses.

OTOLARYNGOLOGY, Otolaryngologist: Diagnosis and treatment of diseases of the ear, nose and throat.

PATHOLOGY, Pathologist: Study and interpretation of changes in organs, tissues, and cells as well as alterations in body chemistry. These laboratory studies aid in diagnosing disease and determining treatment.

PEDIATRICS, Pediatrician: Prevention, diagnosis and treatment of children's diseases.

PHYSICAL MEDICINE AND REHABILITATION, Physiatrist: Diagnosis of disease or injury in the various systems and areas of the body and treatment by means of physical procedures, as well as treatment and restoration of the convalescent and physically handicapped patient.

PLASTIC SURGERY, Plastic Surgeon: Corrective or reparative surgery to restore deformed or multilated parts of the body.

PSYCHIATRY, Psychiatrist: Diagnosis and treatment of mental disorders.

RADIOLOGY, Radiologist: Use of radiant energy, including x-rays, radium, co balt 60, etc., in the diagnosis of disease.

Number Instructional Ideas

THERAPEUTIC RADIOLOGY, Radiologist: The use of radiant energy, including x-rays, radium and other radioactive substances in the treatment of diseases.

THORACIC SURGERY, Thoracic Surgeon: Operative treatment of the lungs, heart, or the large blood vessels within the chest cavity.

UROLOGY, Urologist: Diagnosis and treatment of diseases or disorders of the kidneys, bladder, ureters and urethra and of the male reproductive organs.

1101.04.02 Posttest Directions: The following test contains word elements which are similar in spelling but have different meanings. Provide an example of a medical term derived from this word element and define the example.

Word Element	Example	Meaning
ante		
anti		
a,		
ad		
a, an		
ano		
ad		
adeno		
cyto		
cysto		
di		
dia		
dis		
dys		
en		
entero		
hema		
hemi		
hemo		
hyper		
hypo		

Number

Instructional Ideas

Word Element	Example	Meaning
ileo		
ilio		
inter		
intra		
macro		
micro		
myo		
myelo		
necro		
nephro		
neuro		
osteo		
oto		
per		
peri		
pre		
pyo		
pyro		

Possible answers to the completion test:

Word Element	Example	Meaning
ante	antefebrile	before onset of fever
anti	antifebrile	used against fever
a,	adipsia	absence of thirst
ad	adrenal	near the kidney
a, an	anuria	absence of urine
ano	anorectal	pertaining to anus and rectum
ad	adoral	near the mouth
adeno	adenitis	glandular inflammation

Number

Instructional Ideas

Word Element	Example	Meaning
cyto	cytogenesis	production (origin) of the cell
cysto	cystogram	x-ray record of the bladder
di	diatomic	containing two atoms
dia	diagnosis	to know through (recognize) a disease
dis	dissect	to cut apart
dys	dysmenorrhea	difficult or painful menstruation
en	encephalitis	inflammation of the brain
entero	enteroplasty	operative revision of intestines
hema	hemagioma	angioma consisting of blood vessels
hemi	hemianalgesia	pain relief in half of body
hemo	hemotoxin	a blood cell poison
hyper	hypertension	high blood pressure
hypo	hypotension	low blood pressure
ileo	ileocecum	section of small intestine
ilio	iliosacrum	part of hip bone
inter	interstitial	lying between spaces
intra	intracranial	within the skull
macro	macroscopy	seen large, as with the naked eye
micro	microscopy	seen small, as by microscope
myo	myology	study of muscle
myelo	myeloma	tumor of the bone marrow
necro	necrosis	state of tissue death
nephro	nephrosis	condition of the kidneys
neuro	neurosis	nervous condition
osteo	osteology	study of bone
oto	otology	study of the ear
per	percussion	a striking through the body
peri	pericardial	around the heart
pre	preclinical	before the onset of disease
pyo	pyogenic	pus producing
pyro	pyrogenic	fever producing

Many variations, using this material are possible. For example, you could ask the student to define the word in the example column or ask for the word defined in the meaning column, or a combination of both.

Number	Instructional Ideas

1101.05.01 The following references may be helpful in teaching/learning medical terminology:

The Medical Office Assistant by Frederick and Kinn
Quick Medical Terminology by Genevieve Love Smith
Terminology and Transcription for the Medical Secretary by IBM (student workbook, tapes, and instructor's guide), written by Dr. Alice Holst, retired Medical Secretarial Instructor, Vintage High School, Napa, California.

1101.05.02 In addition to the sample laboratory slips in this module, the instructor can obtain additional materials from local labs, including but not limited to:

- Glucose Tolerance Laboratory Slip
- Semen Analysis Laboratory Slip
- Bacteriology Laboratory Slip
- At least two variations of a Hemotology Laboratory Slip
- At least two variations of a Urinalysis Laboratory Slip

Number	Condition	Performance	Standard
1102.01.01	Given dictations and/or drafts of a series of medical forms/correspondence used in a medical office,	the student will complete as many as is necessary	to have 100% accuracy. Typing speed should be at least 40 wpm.
1102.01.02	Given basic information concerning the necessary context,	the student will type letters to patients or medical personnel from voicescription	with spelling and grammar that is 100% accurate with resources.
1102.01.03	Given a simulated set of patient files,	the student will perform multiple filing transactions	with 100% accuracy.
1102.01.04	Given the core class in duplicating as a prerequisite,	the student will perform basic maintainance of office equipment	as often as is necessary for 90% efficient functions of simulated office.
1102.01.05	Given a checklist for medical office/ record security,	the student will perform these duties	as often is necessary to achieve 90% accuracy.
1102.01.06	Given a packet of assorted mail (or slides of same) that would simulate that received/sent by a medical office,	the student will handle incoming and outgoing mail, including use of mail scales,	with 90% accuracy.
1102.01.07	Given an inventory list,	the student will determine what supplies need to be reordered	with 90% accuracy.
1102.01.08	Given the simulated office area,	the student will maintain the general housekeeping duties required in an office	with 90% accuracy.

Number	Instructional Ideas

GENERAL COMMENT: Building this skill module involves some type of medical office experience. This can be obtained either through on-the-job work experience or through classroom instruction which simulates an actual office very closely. Throughout this module, we will be suggesting ways to accomplish a combination of three approaches: regular classroom instruction, simulated classroom experience, and on-the-job work experience.

Second, transcription is an important Medical Secretarial skill which has been integrated into this module. The instructor, however, may choose to treat transcription as a separate module. If this is done, the instructor may wish to refer to the Word Processing Supplement of the California Business Education Program Guide for more detailed objectives and activities in this area.

1102.02.01 A. The language of medicine will generally be learned in two ways, and first by studying medical terminology as a separate area as presented in Module 1101. In the course of teaching that module, the instructor will present the most used medical word parts and introduce the student to all the medical dictation and preparing word studies of unfamiliar terms. It is possible that these two approaches will occur simultaneously in the instructional plan. One of the most perplexing problems of Medical Secretarial training is that of teaching the language of medicine to the students with little science background and no knowledge of Latin or Greek. Most of the available materials are written for the diagnostician--based on systems of the body. The Medical Secretary's concerns are (a) recognizing words from their sound, (b) knowing the correct spelling of the words, and (c) being able to use the words accurately in transcription.

Unless the instructor has a resource person available and can afford to pay him/her to come to the classroom several times a week, the teacher must either be an expert who has mastered medical terminology and can drill the students in pronouncing it or s/he must have self-teaching audio textbooks and practice materials. In addition to being self-teaching and self-testing, medical transcription teaching materials should meet the following critiera:

1. Represent as many as possible of the documents which the doctor dictates. The following are typical: office visits, letters to doctors and medical institutions, insurance form materials, physical examinations, case histories, articles for medical journals, scientific papers, pre-operative reports, post-operative reports, laboratory reports, discharge summaries, autopsies.

2. Provide practice in a variety of layout forms which represent some of those in use by doctors.

3. Represent different parts of the country, with their variations in pronunciations and format detail.

Number

Instructional Ideas

4. Include, if possible, practice material from each of the nineteen medical specialties now recognized by the American Medical Association.

There are medical terminology lessons tapes, with printed textbooks/workbooks to accompany them. If the instructor does not have access to such materials, s/he can make the tapes on inexpensive cassettes for student use.

B. Using the forms gathered in section 1101.02.06 A and simulated medical reports, speeches, correspondence, bills, supply requisitions, and any other forms used in a medical office, have the students complete them, emphasizing improved typing speed with accuracy.

C. One way to approach medical transcription is to have every student practice on different kinds of transcribing machines during the year--for example Dictaphone Transcribers, Dictaphone Combination, Stenorettes, IBM Transcriber, IBM 6:5 Transcriber, IBM Combination, Edison Disk Transcriber, Edison Disk Combination, and Edison Tape Combination. The student should also become familiar with all the available typewriters, such as IBM Executive Electric, Royal 660 Electric, IBM Standard Electric, IBM Selectric Electric, Royal 550 Electric, Royal Electress Electric, Alder Electric, Olympia Electric, Underwood Electric, Praxis Electric, Royal Manual, Underwood Manual, Remington Manual, and SCM Manual.

D. Organize the classroom so that it resembles an actual office to the maximum extent possible. Assign a number to each desk or "work station" (e.g., numbers 1 through 26). Place a three-ring binder at each desk containing the following:

1) An inventory of everything available at each work station (i.e., desk)
2) A list of problems with the equipment at that work station for others to follow
3) Machine manuals (e.g., typewriter, voicescription machine, etc.)
4) Directions which accompany the lesson(s) assigned to that work station
5) Already transcribed copy for students who are not yet proficient at transcription and will need to type along with the written page at first

Assign each student a number, and for at least one day each week the student will have transcription lab. The following schedule may be helpful in establishing this procedure. Notice that in the fourth week of instruction, student 13 is assigned to Desk 11 and is scheduled to use a transcriber. Student 20 is assigned to Desk 10 and is scheduled to use a typewriter. Depending upon the equipment available for classroom use, the instructions will vary.

SCHEDULE FOR TRANSCRIPTION LABORATORIES

Desk	Week 1	2	3	4	5	6	7	8	9	10	11	12	13
1	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C
2	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C
3	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C
4	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C
5	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C
6	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V
7	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V
8	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V
9	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V
10	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V
11	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C
12	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V
13	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V
14	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V
15	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V
16	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V
17	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V
18	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V
19	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V
20	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C
21	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C
22	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C
23	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C
24	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C
25	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C
26	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C

V = Voicescription. You are scheduled to use a transcriber. You should learn to operate the typewriter and the transcriber by reading the instructions and the manual to the typewriter. If you have difficulty, ask the student who used the machine the previous week. Type a corrected copy of the transcript as rapidly as you can, listening to the recording and following the key to the recording. As you go, write out by hand a word study of any words you do not use regularly. Next week you will be scheduled to use a typewriter at which you will type a clean copy of your transcript and your word study.

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SCHEDULE FOR TRANSCRIPTION LABORATORIES

Desk	Week 14	15	16	17	18	19	20	21	22	23	24	25	26
1	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V
2	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V
3	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V
4	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V
5	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V
6	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C
7	22C	15V	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C
8	23C	16V	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C
9	24C	17V	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C
10	25C	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C
11	18V	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V
12	26C	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C
13	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C
14	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C
15	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C
16	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C
17	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C
18	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C
19	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V	26C
20	19V	1C	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V
21	6V	2C	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V
22	7V	3C	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V
23	8V	4C	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V
24	9V	5C	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V
25	10V	11C	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V
26	12V	20C	13V	21C	14V	22C	15V	23C	16V	24C	17V	25C	18V

C = Clean copy. You are scheduled to use a typewriter. You should learn to use the typewriter by consulting the manual to the typewriter. If you have difficulty, ask the student who used the typewriter the previous week. Type a clean copy of your corrected-copy transcript and your word study. Hand in your clean copies, with your laboratory report, in a scrap folder as you do all completed laboratory jobs.

Number		Instructional Ideas
1102.02.02	A.	Discuss with students and simulate situations that would require a Medical Secretary to compose letters. Writing skills are emphasized with a medical focus.
	B.	Medical histories of famous people found in archives or even current periodicals can make interesting dictation for this exercise.
1102.02.03	A.	If the classroom approximates an office situation, then students can practice different types of filing techniques with their own materials. For example, if there is no current set of files to use in this manner the instructor can have students establish alpha-numeric, color-coded, or numeric, etc. files as a class exercise, each student assembling one--three files. If the filing system already exists, then the instructor can demonstrate how it was constructed and simply focus on the filing itself. Filing can consist of weekly student evaluations, lab checksheets, letters from employers, etc.
	B.	If students are placed in training situations within the community (e.g., ROP provides on-the-job training), they will have ample practice with filing systems. For instructors who want to supplement classroom training with work experience, the approach used for Medical Secretarial training at Vintage High School in Napa may be instructive. (See Appendix A.) This is a regular high school class. During class serious students listen to lectures, participate in discussions, or work on lab assignments. (The transcription shcedule included above was taken from Vintage High School, courtesy of Dr. Alice Holst). But for 7½ hours per week after school, students are placed in one- or two-doctor offices, medical groups, clinics, high school health office, community hospital, veterans' hospital, mental hospital, rest homes, pharmacies, American Cancer Society, American Red Cross, county health department, and dentists' offices for additional on-the-job experience. During a nine-month course, students are usually rotated twice each semester to give them the widest exposure to the greatest number of job expectations. Students are not rotated, however, if it appears that there is much left for them to learn with that particular employer. Although students work 7½ hours per week, they do not receive pay in the Napa program for several reasons. One not-so-obvious reason is that the instructor has more control over the job situation when student assistance is given freely.

Number	Instructional Ideas

Forms used in this program include the training agreement, evaluation forms, application for work permit, weekly reports, and the coordinator's report. The student's weekly report supplies his/her file with the hours worked, the duties performed, the evaluation of his/her own work, and the supervisor's signature. Evaluation is based on student conferences, telephone reports, visits to the office, the employer's evaluation, and the weekly reports. The letters of recommendation which the doctors and other employers supply to the students are placed in their employment folders. Inevitably, many students are offered paid positions. Vintage High places more than 80% of its Medical Secretarial students each year in either part-time or full-time jobs. Many of the materials used to organize this program are contained in Appendix A of this Supplement. Materials include advertisement of the course and application to the program (students must show interest in the program to be enrolled), course descriptions, and the placement/evaluation forms. Instructors should expect that considerable effort will be expended the first year to cultivate work sites. After that, however, the reputation of the program will cause the work sites to increase automatically as other employers, supervisors, managers, etc., become interested in accepting student trainees.

C. Again, using forms collected in 1101.02.06 A, review the use of each form and demonstrate the proper placement of forms in a simulated patient chart. An overhead projector and/or handouts will facilitate demonstration. Instructional ideas used for 1101.06.06 are valid here.

D. Have students set up a completed chart for several patients, each with different medical histories ranging from relatively simple to complex.

1102.02.04 A. Students who have already completed Core Office Practice or Basic Office Practice classes will probably have some proficiency in office machines. The instructor can refer to those portions of the CBEP Guide for appropriate objectives and instructional strategies which can be used again for this module.

B. An alternative and/or reinforcing strategy is to develop laboratory work around office machines usually found in the medical office. Each student should have a checklist of the lab jobs required for the term or the year. Each student can also be specially trained on one machine to evaluate the performance of the other students and certify their competency with a checkmark when they have mastered the particular lab job. A sample Lab Jobs Checksheet is found below.

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Number Instructional Ideas

REQUIRED LAB JOBS: KEY

_____ 1) Reg Registration (Dup. sheet given. Put in folder.)
_____ 2) Rib Ribbon change.
_____ 3) Ten Ten-key adder, Comptograph.
_____ 4) Ful Full-bank adder, National Cash Register.
_____ 5) Pri Printing calculator, Victor
Key Key-driven calculator, Burroughs
_____ 6) EL Electronic listing calculator, Victor
_____ 7) ED Electronic display calculator, Monroe
_____ 8) ELD Electronic listing-display calculator, Monroe
_____ 9) EP Electronic pocket calculator, Hewlett-Packard
_____10) Ste Stencil duplicator, A.B. Dick
_____11) Liq Liquid duplicator, Heyer
_____12) Dua Dual-spectrum copier "257", 3M
_____13) Fil File label
_____14) Mim Mimeoscope, A.B. Dick
_____15) Pap Paper cutter, National
_____16) Exe Executive typewriter, IBM
_____17) SP Stencil preparation
_____18) Sw Switchboard
_____19) Ribbon change
a) IBM Correcting
b) IBM Standard and Exec.
c) IBM Selectric I
d) Royals
e) Other

Number	Instructional Ideas

C. Have students read instruction manuals for the care and maintainance of the machines they use. As mechanical problems arise, instruct students to first examine the manuals to see if a repair call can be avoided. If not, students should follow established repair request procedures.

D. Materials shared in class should be maintained and kept clean for the well functioning of the equipment, as well as for the next student's use.

1102.02.05 Develop a checklist of items that need to be done before your simulated office can be secured for the evening. Include locking up petty cash, files and medications; turning off or unplugging various pieces of equipment; notifying switchboard; and any other security methods. Assign each student one week of security practice.

1102.02.06 A. Have students practice receiving, categorizing, and distributing mail into three piles: A, B, and C.

1) "A" pile must be taken care of immediately (payments cannot be left sitting).
2) "B" pile is for insurance forms and correspondence. It is important but not as urgent.
3) "C" pile is for periodicals and newspapers.

B. Discuss and show use of scales for various classes of mail. Overhead projections and/or handouts can be useful for presentation, followed by practice drill. Important points might include:

1) Is speed of delivery essential?
2) What are the cost factors?
3) Is the security of a delivery a concern?

C. Give students a series of "situations" and have them determine the appropriate class and postage required using the mail scales.

D. Discuss ways of having letters/parcels delivered other than the United States Postal Service.

E. Invite a vendor to bring postage meters and offer similar equipment for a class demonstration. Usually vendors are glad to assist instructors because they know students are tomorrow's customers.

Number	Instructional Ideas

1102.02.07 If a classroom or training center is already organized like a medical office or regular office, then it is a very easy matter to teach students about inventory control. The instructor can either assign students to monitor particular types of supplies, or class policy can indicate that replenishing supplies is a total class responsibility and certain procedures will be followed by anyone noticing that additional supplies are needed. If possible, the latter approach is recommended for building team work and class responsibility among a group of students.

1102.02.08 A. Periodically raise for discussion the importance of keeping the work area clean and orderly for the efficient functioning of the office. Emphasize the importance of maintaining a clean office for the sake of the patients and co-workers.

B. Students who help keep their classroom training area clean are probably more likely to remember to keep the work area clean as well. The following list of cleaning duties is a sample of how this objective can be taught/learned.

MEDICAL SECRETARIAL OFFICEKEEPING DUTIES

1. Stiff brush
   a. Found in _____.
   b. Two types
      1) S = straight (not ball machine)
      2) T = toothbrush (ball machines)
   c. Use only on typeface.
   d. Dig sharply toward you. (If carbon ribbon, not necessary.)
   e. Don't touch, because it is inky.
   f. Replace in envelope and put back in correct box.

2. Soft brush
   a. Found in _____.
   b. Dust between keys.
   c. Dust other parts but not inky or oily places.
   d. Move carriage, but don't get into oil.
   e. Dust under typewriter or machine.
   f. Dust transcriber.
   g. Dust electrical outlets on desk or nearby desk.
   h. Return to box.

Number	Instructional Ideas

3. Cloth
   a. Found in _____.
   b. Shine chrome.
   c. Dust desk, compartment, drawer.
   d. Dust chair.
   e. Dust machine covers.
   f. Dust transcriber.
   g. Shake outside
   h. Fold and return to box.
   i. Put on my desk when dirty.

4. Look for items which need to be taken care of.
   a. Torn typewriter covers.
   b. Missing covers.
   c. Stains.
   d. Scratches or worn or broken places on furniture or machines.
   e. Other irregularities.

5. If you are absent, do the above the day you return without being reminded. Your class will clean on (Tuesday every third week). The class notes will list this item.

6. Initial the record sheet (to receive 10 points). The sheet will be available until you return from an absence.

1102.03.01 Put the following Case History on cassette for transcription. Students should transcribe at the rate of 40 wpm with 100% accuracy to meet employability standards.

Case History

Chief Complaint. This 8-year-old male entered the outpatient department of the hospital in January, with complaint of a swollen gland in the left submaxillary region with high temperature of two weeks duration.

Past History. He had a full-term normal delivery, with normal postnatal development. He has had measles, chickenpox, and rheumatic fever. Family history shows that the family are living and well: father, mother, and one sibling.

Number Instructional Ideas

Present Illness. Two weeks previous to admission, mother noticed a swelling in the left cervical region and called the family physician. Temperature was found to be 104°, and it remained in the vicinity of 103° for the next two weeks. The swelling in the next did not recede, and the boy was admitted with a possibly submaxillary abscess, secondary, and lymphadenitis.

Physical Examination. The examination showed a well-developed, well-nourished, co-operative child: head and neck negative, except for fluctuant mass, approximately 2 1/2 cm. in diameter located beneath the angle of the left jaw. Chest was clear to auscultation and percussion. Heart was not enlarged to percussion. Rate and rhythm regular. Grade 1 systolic murmur heard only at the apex. Abdomen showed no tenderness, spasm, rigidity, or masses. Extremities negative.

Laboratory. Finds on admission showed: RBC, 5,000,000, with 85 percent hemoglobin. WBC, 10,120 with 65 percent polymorphonuclears; 30 percent lymphocytes; 2 percent monocytes and 3 percent eosinophils. Tuberculin test on admission, using 1-1,000 dilution, was negative.

Course. Following admission, continuous hot poultices were applied; but there was no remarkable change in the abscess. In February the child was transferred to surgical service and was seen by the visiting surgeon. Culture showed pure hemolytic Staphylococococcus aureus. Acidfast stain showed no acidfas bacilli present.

Diagnosis. Submaxillary abscess, left, secondary, and lymphadenitis.

1102.04.01 The pretest directions apply to the posttest as well.

LETTER OF WITHDRAWAL FROM CASE

Dear Mr. Pirelli:

I find it necessary to inform you that I am withdrawing from further professional attendance upon you for the reason that you have persisted in refusing to follow my medical advice and treatment. Since your condition requires medical treatment, I suggest that you place yourself under the care of another physician without delay. If you so desire, I shall be available professionally to attend you for a resonable time after you have received this letter, either for regular or emergency medical treatment, but in no event for more than five days following such receipt. This should give you ample time to select a physician of

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Number Instructional Ideas

your choice from the many competent practitioners within this city. With your approval, I will make available to this physician your case history and complete information regarding the diagnosis and treatment which you have received from me.

Very truly yours,

Veronica Yee, M.D.

1102.04.02 In Appendix A there is an employer evaluation form developed by Dr. Alice Holst of Vintage High School, Napa. This rating scale could be the posttest for this module, indicating that students can put into practice the various objectives listed above.

1102.05.01 The Medical Office Assistant by Fredrick and Kinn (main textbook)
Quick Medical Terminology by Genevieve Love Smith
Terminology and Transcription for the Medical Secretary, by IBM (student notebook and tapes)
Medical Office Procedures, Bredow (set of non-stenographic tapes for simulations) Gregg-McGraw Hill Division Publishing
Typing Medical Forms Siegfried, Gregg-McGraw Hill Division Publishing
Medical Typing Practice, Second Edition, by Root and Byers, Gregg-McGraw Hill Division Publishing

Number	Condition	Performance	Standard
1103.01.01	Given an explanation and objectives of the pegboard accounting system with several examples given in order of difficulty,	the student will complete as many pegboard accounting system exercises as is necessary	to be 100% accurate and balanced each day and at the end of the month.
1103.01.02	Given a 10-key adding machine and a worksheet with drills,	the student will complete a series of timed exercises	with four consecutive exercises that are 100% accurate.
1103.01.03	Given instructions, a bank deposit slip, daily cash tally, and play money,	the student will balance the daysheet against the cash received	with 100% accuracy.
1103.01.04	Given a super-bill (receipt) and simulated notes/charges written by the doctor,	the student will complete the billing transaction	with 100% accuracy.
1103.01.05	Given a series of insurance forms not covered by super-bill and in-depth instructions,	the student will identify the various forms and be able to differentiate the different coverages	with 100% accuracy.
1103.01.06	Given simulated forms for multiple insurance coverage	the student will be able to recognize and will appropriately bill the various companies	until three consecutive forms are done with 100% accuracy.

Number	Instructional Ideas

GENERAL COMMENTS: This section can be taught as a simulated medical bookkeeping system.

1103.02.01 A. Invite a distributor of a pegboard accounting system as a guest speaker to talk to students about this particular system (theoretical foundations). Utilize whichever system students are being taught.

B. Give students a bookkeeping packet that you have prepared or a prepackaged kit containing
1) Approximately five daysheets.
2) A set amount of ledger cards (5-20).
3) A series of exercise sheets containing a variety of different transactions.

C. Have students fill in daysheet and ledger cards, post payments received/charges incurred (figures are from exercise sheet), total, and submit it to you. If transaction is correct, student may proceed to next exercise involving adjustments and credit balances, which is progressively harder.

D. Use color-coded system for "aging" each month's billings so you can see the outstanding accounts.

E. After approximately five daysheets, have a lecture demonstrating the month-end summary cost analysis, followed by the quarterly statement.

F. Have students do daysheets continuously until they have three consecutively perfect daysheets (whether it takes 3 or 20 daysheets).

1103.02.02 A. Give students a series of worksheets or 10-key adding machine or calculator drills.
1) Learn keys-touch system (overhead projector or handout).
2) Use tape in adding machine to check progress.

1103.02.03 A. Explain with overhead projector and handouts how to fill in a bank deposit slip and a daily cash tally.

B. Give students exercise sheets with a number of transactions.
1) Initially use only cash transactions.
2) Later you can introduce accepting checks, writing checks, and making the office deposit.

1103.02.04 Give students super-bill worksheets with different diagnoses and treatments. Have a large jar filled with slips of paper. Each slip would contain the name of a common diagnosis/treatment. Have each student pick 3-5 slips and write up 3-5 super-bills. A sample copy of a super-bill will be found on the following page.

MODULE 1103

MEDICAL OFFICE BOOKKEEPING

MEDICAL SECRETARIAL SUPPLEMENT

PLEASE RETURN TO RECEPTIONIST BEFORE LEAVING

BILLING INFORMATION

PVT ☐ BS ☐ CS ☐

MC ☐ OTHER ☐

PATIENT NAME _____ DATE _____

RESPONSIBLE PARTY _____ ADDRESS _____

CITY-STATE _____ ZIP _____

ASSIGNMENT AND RELEASE: I HEREBY AUTHORIZE MY INSURANCE BENEFITS BE PAID DIRECTLY TO THE PHYSICIAN AND I AM FINANCIALLY RESPONSIBLE FOR NON COVERED CHARGES. I ALSO AUTHORIZE THE PHYSICIAN TO RELEASE ANY INFORMATION REQUIRED

SIGNED

CK	PROCEDURE	R V S	MOD	CHARGE	CK	DIAGNOSIS	ICDA
	EXAM					BALANITIS	607.3
	OFFICE NEW PATIENT	90010				BLAD. OUTLET OBST.	600
	OFFICE NEW INTERMEDIATE	90015				BLADDER TUMOR	188
	OFFICE COMPREHENSIVE	90020				B.P.H.	600
	OFFICE ESTABLISHED BRIEF	90040				CALCULUS KIDNEY	592
	OFFICE ESTABLISHED LIMITED	90050				URETER	592.1
	OFFICE ESTABLISHED INTERMEDIATE	90060				VES./URETHRA	594
	OFFICE ESTABLISHED EXTEND. RE EXAM	90070				CARUNCLE URETHRA	599.2
	OFFICE ESTABLISHED COMPREHENSIVE	90080				CONDYLOMA	099.9
	OFFICE INJECTION	90030				CRYPTORCHIDISM	752.1
	HOSPITAL					CYSTOCELE	623
	EMERGENCY	90510				DIVERTIC. BLADDER	596.1
	ADMIT	90220				DIVERTIC. URETHRA	599.9
	HOSPITAL CALL	90240				ENUERSIS	306.6
	HOSPITAL CALL EXTENDED I.C.U.	90290				EPIDID. MITIS	604
	CONSULTATIONS					G.U. EVALUATION	
	OFFICE OR HOSPITAL (HI)					HEMATURIA	789.3
	LIMITED	90600				HEMATOSPERMIA	607.9
	EXTENDED	90610				HERPES	054
	COMPLEX	90625				HYDROCELE	603
	LABORATORY					HYDRONEPHROSIS	591
	URINALYSIS	81000				HYPERTENSIVE EVALUATION	
	URINE CULTURE	87080				HYPOSPADIUS	752.6
	SENSITIVITIES	87184				IMPOTENCE	305.8
	SMEAR	BR				INFERTILE MALE	606
	SMEAR GRAM STAIN	87205				MEATAL STENOSIS	
	SPEC. PROCEDURES					NEPHRITIS	583
	BLADDER IRRIGATE/IRRIGATE	51700				NEUROGENIC BLADDER	596.6
	CATHERIZATION	53670				OBSTRUCTION, URETER	593.3
	CYSTOURETHROSCOPY	52265				PEYRONIE'S	607.9
	URETHRAL DIL. M.	53600				PHIMOSIS	605
	SUBSEQ.	53601				POSTOP. CARE	Y10
	FIL FOLL. INITIAL	53620				PROSTATE ADENOCA	185
	SUBSEQ.	53621				PROSTATE NODULE	600
	URETHRAL DIL. F	53660				PROSTATITIS	601
	SUBSEQ.	53661				PYELONEPH. ACUTE	590.1
	CYSTOMETIOGRAM	51740				PYELONEPH. CHRONIC	590
	INJECTION	90749				REFLUX, URETER	593.5
	THIO TEPA	51720				RENAL, CA	189
	PROSTATIC MASSAGE	53889				RENAL CYST	593.2
	OFFICE SURGERY					RENAL MASS	
	MEATOTOMY	53020				SPERMATOCELE	607.6
	VASECTOMY	55250				STERI NORM. MALE	Y09.0
	PROSTATE NEEDLE BIOPSY	55700				STRICTURE, URETHRA	598
	I. & D.	10000				TORISON	607.7
	ASPIRATION HYDROCELE	55000				TUMOR TESTIS	186
	LOCAL EXCISION					URETHRITIS, NONSPEC	597
	OFFICE MISC					URETHRITIS, SPECIFIC	098
	CATHETERS	99070				URIN. STRESS INCONT	786.2
	APPLIANCE	99070				URETHRAL STENOSIS	
	ANESTHETIC	99070				VAGINITIS	
	DRUGS & MATERIALS	99070				CYSTITIS ACUTE	595.1
	MILEAGE	99030				CHRONIC/RECURR	595.2
						ABACTERIC	595.3
	SURGERY					INTERSTITIAL	

RETURN APPOINTMENT	TOTAL CHARGES THIS VISIT	$		PREVIOUS BALANCE	$	
_____ Days _____ Weeks	RECEIVED TODAY					
_____ Months	CASH CHECK BY	$		NEW BALANCE	$	
_____ As Necessary _____						

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NO. 4767

Number	Instructional Ideas
1103.02.05	A. Practice drills in reading and filling out insurance forms. Forms will vary but basic techniques for reading, interpreting, and completing will not change. Teach student this skill and it will not matter if forms are varied from office to office. Current forms are available from local medical offices. 1) Medi-Cal 2) Medicare 3) Champus 4) Blue Shield 5) Blue Cross 6) Workmen's Compensation 7) State Disability 8) HIS (Health Insurance Claim)
	B. List specialized elements in matching format and have students work with forms until they are familiar.
1103.02.06	A. Use simulated patients with various combinations of insurance coverage.
	B. Carefully review the forms with the students.
	C. Give "open-book" drills with references available to familiarize students with resources available to medical offices.

Number

Instructional Ideas

1103.03.01 Pretest Directions: The following words and descriptions have been taken from one of the Pegboard Accounting Systems. Match the descriptions in Column 2 to the word most closely defined in Column 1.

Column 1	Column 2
____ 1. Description (Professional Service)	A. The number on the patient's check identifying the name and location of the drawee bank
____ 2. Charges	B. Fees paid in cash on patient accounts
____ 3. Payments	C. Amount of money still owed to account
____ 4. Balance	D. The number on the patient's receipt
____ 5. Previous Balance	E. Name of the accounting system
____ 6. Account Name	F. Fees owed by patient for physician's services
____ 7. Receipt Number	G. Amount of money owed on account from prior visits
____ 8. Cash Received (Currency and Coin)	H. The amount of money shown on the check
____ 9. Transit Number	I. Same as the patient's name
____10. Check Amount	J. The change given to the patient
	K. A breakdown of medical services received by the patient usually written in a code number
	L. Amount of money paid on account

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Answers: 1.K; 2.F; 3.L; 4.C; 5.G; 6.I; 7.D; 8.B; 9.A; 10.H

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Number	Instructional Ideas
1103.04.01	Posttest Directions for the Instructor: Give copies of blank Pegboard Accounting System pages to students. (Samples are reproduced in 1103.05.02 which follows.) Give students a list of patients with the services they have received, a professional procedure code list, and a list of fees charged for various services. Also, indicate the amount of money each patient paid on account and whether it was cash or check. Have the student fill in the form and then balance it. Accurate completion of the form indicates mastery of this module.
1103.05.01	The following references are useful resources for teaching/learning this module. Business Administration for the Medical Assistant, June Hall C.M.A., Ina Yenerich, C.M.A., Colwell Co., Champaign, IL 61820 Medical Office Management, (guide, workbook, and text), Career Publishing Co., Orange, CA 92667 Insurance Billings in Medical Practice, (a guide and workbook with problems and forms), Career Publishing Co., Orange, CA 92667 California Standard Nomenclature (to replace RVS - 1974 ed.), Career Publishing Co., Orange, CA 92667
1103.05.02	Blank Pegboard Account System pages are reproduced on the following pages. They are useful for posttesting (see 1103.04.01) or for direct instruction.

4/2

RECORD OF CHARGES AND

	DATE	DESCRIPTION	CHARGES	PAYMENTS	BALANCE	PREVIOUS BALANCE	ACCOUNT NAME
						5000	John Jones

John Jones
main st
USA

BALANCE FORWARD

DATE	DETAIL	CHARGE	PAYMENT	BALANCE
4/2/80	C 90630	5000		5000
	PC		5000	—

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10	TODAYS TOTALS				
11	PREVIOUS PAGE MONTH TO DATE TOTALS		113		
12	THIS MONTH TO - DATE TOTALS				

CASH PAID OUT | 16 AMOUNT | CASH RECEIVED OTHER | 17 AMOUNT

RECEIPTS

	RECEIPT NUMBER	8	9	10	11	12	Code	13 MISC.	14 CASH REC'D (CURRENCY & COIN)	15 DUPLICATE DEPOSITS SLIP TRANSIT NUMBER	15 DUPLICATE DEPOSITS SLIP CHECK AMOUNT	CONTROLS
1	C											PROOF OF POSTING
2	50											PREVIOUS BALANCE TOTAL COL. 7
3												ADD TODAY'S CHARGES TOTAL COL. 4
4												TOTAL
5												
6												LESS CREDITS PAID ON ACCOUNT TOTAL COL. 5
7												BALANCE TOTAL COL. 6
8												MONTH TO DATE PROOF ACCOUNTS RECEIVABLE
9												BEGINNING OF MONTH BALANCE
10												ADD CHARGES MONTH TO DATE TOTAL OF COL. 4
11												TOTAL
12												
13												LESS CREDITS ON ACC'T. AND TO DATE TOTAL OF COL. 3
14												ACCOUNTS RECEIVABLE BALANCE
15												CASH CONTROL
16												CASH ON HAND
17												CASH RECEIVED ON ACCOUNT TOTAL OF COL. 5
18												CASH RECEIVED OTHER TOTAL OF COL. 17
19												TOTAL
20												LESS CASH PAID OUT TOTAL OF COL. 14
21												LESS BANK DEPOSIT
22												CASH ON HAND ENDING
23												APPOINTMENTS
24												TODAY
25												BROUGHT FORWARD
26												TO DATE
27												BANK DEPOSIT
28								114				TOTAL CHECKS
29												TOTAL CURRENCY
30												TOTAL COIN
31												TOTAL DEPOSIT
32												

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SAFEGUARD BUSINESS SYSTEMS
FORM NO. OV - 1 - 4/WD

DATE | 19 | PAGE NO. | | BY |

JOURNAL OF DAILY CHARGES, PAYMENTS & DEPOSITS

PAYMENTS			ADJ.	PROFESSIONAL SERVICE	FEE	NEW BALANCE	OLD BALANCE	PATIENT'S NAME		VISIT SLIP NUMBER	DISTRIBUTION			
BANK NUMBER	BY CHECK OR M.O.	BY COIN OR CURRENCY												
									1					
									2					
									3					
									4					
									5					
									6					
									38					
									39					
									40					
TOTALS			COLUMN B	TOTALS	COLUMN C	COLUMN D	COLUMN E	TOTAL NUMBER OF PATIENTS SEEN			COLUMN F	COLUMN G	COLUMN H	COL
								NUMBER OF NEW PATIENTS SEEN						

CURRENCY	
COIN	
CHECKS	
TOTAL DEPOSIT	

COLUMN A

DATE

BIBBERO SYSTEMS

FORM NO. 42-9010

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ARITHMETIC POSTING PROOF	
COLUMN E	$
PLUS COLUMN C	
SUB TOTAL	
MINUS COLUMN A	
SUB TOTAL	
MINUS COLUMN B	
EQUALS COLUMN D	

CASH PROOF	
CASH ON HAND START OF DAY	$
PLUS CASH REC'D	
SUB TOTAL	
MINUS BANK DEPOSIT	
SUB TOTAL	
MINUS CASH PAID OUT	
CASH ON HAND END OF DAY	

ACCOUNTS RECEIVABLE PROOF	
ACCTS RECEIVABLE START OF DAY	$
PLUS COLUMN C	
SUB TOTAL	
MINUS COLUMN A	
SUB TOTAL	
MINUS COLUMN B	
ACCTS RECEIVABLE END OF DAY	

DISTRIBUTION PROOF	
COLUMN F	$
PLUS COLUMN G	
PLUS COLUMN H	
PLUS COLUMN I	
SUB TOTAL	
PLUS COLUMN J	
EQUALS COLUMN K	

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BILLING NAME

PATIENT'S NAME

RES PHONE

BUS PHONE

OCCUPATION

EMPLOYED BY

INS INFORMATION

NAMES OF OTHER FAMILY MEMBERS

RELATIVE OR FRIEND

REFERRED BY

SOC SEC NUMBER

THE BIBBERO SYSTEM FORM NO MDP 8510

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STATEMENT TO:

TEAR OFF AND RETURN UPPER PORTION WITH PAYMENT

DATE	PAYMENTS			PROFESSIONAL SERVICE	FEE	LAST AMOUNT IN THIS COLUMN IS BALANCE DUE
	BANK NUMBER	BY CHECK OR P.M.O	BY COIN OR CURRENCY			

PROFESSIONAL SERVICE CODES:

1. OFFICE VISIT
2. HOME VISIT
3. HOSPITAL VISIT
4. EMERGENCY ROOM
5. CONSULTATION
6. IMMUNIZATION
7. INJECTION
8. DRUGS-SUPPLIES-MATERIALS
9. COLLECTION OF LAB. SPEC.
10. SPECIAL REPORTS
11. OTHER SERVICES
12. SPEC. DIAGNOSTIC SERVICES
13. SPEC. THERAPEUTIC SERVICES
14. EXTENDED CARE FACILITY
15. CUSTODIAL CARE
16. CYSTOSCOPY-OFFICE
17. CYSTOSCOPY-HOSPITAL
18. URETHRAL DILATION MALE-SOUND
19. URETHRAL DILATION MALE-FILIFORM FOLLOWERS
20. URETHRAL DILATION FEMALE
21. CYSTOSCOPY WITH URETHRAL CATHETERIZATION
22. ROUTINE URINE
23. COMPLETE URINE
24. P.S.P.
25. URINE CULTURES
26. SMEARS
27. INJECTION
28. SPECIAL PROCEDURES
29. SURGERY

STATE LICENSE #G19884

Number	Condition	Performance	Standard
1104.01.01	Given a set of patient files and a list of patients to be seen that day,	the student will pull the files	with 100% accuracy.
1104.01.02	Given a simulated situation where a patient has arrived at the Medical Office,	the student will demonstrate how to properly greet the patient	as many times as necessary to perform with 100% accuracy.
1104.01.03	Given a daysheet and a simulated situation where several patients have entered the office,	the student will record each patient's name on the daysheet	with 100% accuracy.
1104.01.04	Given "new patient" forms/contracts and a simulated patient/Medical Secretary situation,	the student will give forms to all new patients, and when completed, student will put forms with the patient's chart	with 100% accuracy.
1104.01.05	Given a simulated situation with a patient and an appointment record book,	the student will practice scheduling/ rescheduling/cancellation exercises	with 95% accuracy.

Number		Instructional Ideas
1104.02.01	A.	Using files constructed in 1102.02.03 A, give students a simulated list of patients and have each pull several charts.
	B.	The experience used in 1102.02.03 F would be appropriate here.
	C.	Have each student exchange with another student the set of charts s/he pulled and then refile the new set of charts.
1104.02.02	A.	Demonstrate professional and courteous manners to be used in greeting patients in a medical office.
	B.	Have students role-play greeting patients, 1) In a quiet office 2) In a hectic office
	C.	Have students role-play first being the patient and then the Secretary in both situations indicated in 1104.02.02 B.
1104.02.03	A.	Note: The student should already have taken bookkeeping.
	B.	You might discuss reasons for promptly recording each patient's name on the daysheet: 1) To insure that billing won't be overlooked. 2) As a double check, along with the patient's chart, that s/he was seen on a particular day.
1104.02.04	A.	Have students role-play a new patient entering the office. The Medical Secretary gives the patient the form to complete (sample forms are contained in 1104.05.01), and when it is completed, the Medical Secretary places it in the appropriate sections of the patient's chart.
	B.	A lawyer could be invited in as a speaker to discuss the legality of patient contracts required in some medical offices.
	C.	Discuss basic problem areas of the "new patient" forms and have students fill in sample forms to identify any other problems.

Number	Instructional Ideas

1104.02.05 A. Have students role-play a Medical Secretary and a patient or series of patients.
1) Making appointments (see 1104.05.01 for sample forms)
2) Canceling appointments
3) Rescheduling appointments

B. Discuss the length of time involved for various types of procedures.
1) You could cover the problems of overbooking
2) You could also cover effective doublebooking

1104.03.01 Pretest Directions: Fill in the word true or false in the blank line preceding each statement.

____ 1. Be polite to patients regardless of circumstances.

____ 2. If patients ask you questions about their ailments and you think you can answer satisfactorily, it is appropriate to do so.

____ 3. You feel sure that you know what prescription the doctor would order for a patient, and since it is a non-prescription medication it cannot hurt to suggest it.

____ 4. It is important to keep a record when a patient fails to return for a needed treatment.

____ 5. It is not part of the Medical Secretary's job to keep the reception room in order. This should be left for the cleaning service.

____ 6. If the doctor is seeing a patient, it is appropriate to call the doctor away for a routine telephone call.

____ 7. It is essential to greet warmly only new patients.

____ 8. When giving the patient a charge slip for her/his visit, it is important not to announce the charges or the reason for the visit.

____ 9. It is not the responsibility of the Medical Secretary to prioritize his/her own work load. This should be left up to the physician.

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____ 10. The Medical Secretary cannot ask the patient for his/her insurance coverage number. This is confidential information.

Answers: 1. True, 2. False, 3. False, 4. True, 5. False, 6. False, 7. False, 8. True, 9. False, 10. False

Number	Instructional Ideas
1104.04.01	Posttest Directions for the Instructor: Check with a number of medical offices in your area to determine what procedures are used in their patient reception areas. (This could easily be a student project.) This could consist of such tasks as greeting the patient, pulling patient charts, verifying appointment time, etc. Find the common elements from these offices and develop a list which is not in correct sequential order. Have the students place these items into proper order by putting 1 next to the first task to be performed by the receptionist, 2 next to the second task, etc.
1104.05.01	The following are typical forms used in medical offices to receive and schedule new patients.

Appendix D

COMPETENCIES COMPLETED

_____Adding Machine

_____Grooming

_____Instructions

_____Working With People

_____Switchboard

_____Oral Communications

_____Sorting, Checking, & Verifying

_____Telephone

_____Written Communications

_____Medical Terminology

Front Desk
_____Receiving incoming calls
_____Placing outgoing calls
_____Making appointments
_____Completing appointment cards
_____Completing patient index cards
_____Meeting & directing patients
_____Posting charges & receipts
_____Completing new-patient forms
_____Pulling patient charts
_____Refiling patient charts

Insurance (Medical)
_____Blue Shield
_____Blue Cross
_____Workmen's Compensation
_____State Disability
_____Medicare and MediCal
_____Various other insurance companies

Typing Medical Forms
_____Medical record and ledger
_____Registration
_____Admission & billing
_____Patient index cards
_____Patient transfer
_____Admission & discharge register

VINTAGE

HIGH SCHOOL

This is to certify that

has been enrolled in a

BASIC BUSINESS COMPETENCIES

training program and has demonstrated entry-level skill in the areas listed on the reverse side of this certificate.

Date:

Principal:

Department Chairman:

_____19. I am reminding all my relatives at least once a week that I am looking for a job.

_____20. I have told those I know in my church group, all clubs, and other organizations that I am looking for a job.

_____21. I have told my Medical Secretarial Office Experience employers and supervisors and co-workers that I am looking for a job.

_____22. I have told all my current teachers that I am looking for a job.

_____23. I have told all past business teachers and those for whom I was a teacher's assistant that I am looking for a job.

_____24. I have left my data sheet at the Deans' Office and have explained that I am looking for a job.

_____25. I have left my data sheet at the Counseling Office and have explained to them that I am looking for a job.

_____26. I have told all my friends and neighbors and relatives who work in offices or have any office connections that I am looking for a job.

_____27. I have registered at all the local and nearby employment offices--state, city and private.

_____28. I am going in to inquire at all the employment offices at least once a week.

_____29. I am doing a quarter of Medical Secretarial Office Experience at an employment office.

_____30. I am doing a quarter of Medical Secretarial Office Experience in an office where I would particularly like to work.

_____31. I have a sheet for every possible office in the area where I would like to work. On the sheet I have recorded the correct name, the full address, the telephone number, the nature of the business, as many names and titles of persons connected with the office as I can secure, and office hours and employing hours.

_____32. I am now going in person to each of the possible offices at least once a month to check on openings. After each inquiry I record the date, the persons with whom I talked, and what was said.

_____33. I have typed a perfect letter of inquiry to all of the most desirable offices in this area, enclosing my data sheet, and following up each one at least once a month.

_____34. I AM SPENDING AT LEAST EIGHT HOURS A DAY WORKING ON MY JOB HUNTING CAMPAIGN.

Appendix C

CHECK LIST FOR FINDING A MEDICAL SECRETARIAL JOB Name_____

_____ 1. I am in the Medical Secretarial Office Experience class.

_____ 2. I am a Teacher's Assistant.

_____ 3. I am keeping my marks high.

_____ 4. I am keeping my attendance record perfect.

_____ 5. I started my job search at least by _____.

_____ 6. I have applied for work at the _____, have filled out an application blank, and have taken the tests they recommend.

_____ 7. I have a Social Security number.

_____ 8. I am engaging in extracurricular activities.

_____ 9. I have prepared a job search folder, including my data sheet, letters of recommendation, samples of my work, and a list of pertinent courses I have taken.

_____ 10. I am securing experience by doing volunteer office work for the American Red Cross, American Cancer Society, political groups, and church organizations.

_____ 11. I am gaining a reputation for dependability and other desirable traits by accepting any kind of paid or unpaid responsibility or part-time job for which I can manage the time.

_____ 12. I have secured a Certificate of Proficiency for typing and/or shorthand from a business teacher.

_____ 13. I have secured a State and County typing certificate.

_____ 14. I have taken a Civil Service examination.

_____ 15. I have taken a State Personnel Board examination.

_____ 16. I have taken a County and City examination.

_____ 17. I am reading the want ads in the (local Newspaper) and other nearby papers early every day. I am clipping out any possible job opportunities, recording the date and source of the clipping, following up the ad speedily.

_____ 18. I am reminding all my friends at least once a week that I am looking for a job.

d. Be sure you understand the "why" of each operation.
e. Take more notes.
f. Save forms and work samples for future reference.
g. Ask more questions.
h. Ask demonstrator to repeat steps you didn't quite get the first time.
i. Review your notes and observations with the demonstrator to make certain that you caught all the details.

3. When it gets to be your turn to do the job for the first time:

a. Have your notes and other helps handy.
b. Get properly organized. That includes furniture, equipment, materials, supplies, work, and layout.
c. Begin slowly--don't become rattled.
d. Follow instructions step by step.
e. Double-check yourself on the troublesome parts of the job.
f. Ask for extra help if you hit any snags.
g. Ask questions about things that you still do not understand.
h. Invite criticism and appraisal.
i. Accept suggestions gracefully.
j. Eliminate wasted motion.
k. Develop efficient work habits.

4. When you have <u>achieved mastery</u> of the new assignment:

a. Keep those notes up to date.
b. Pass along your suggestions for improvement.
c. Avoid "unofficial" short-cuts.
d. Prepare yourself to do a good job of cross-training someone else.

These suggestions have far more than a one-time value. Every time the employee has to learn a new procedure or receives a transfer or promotion, there is something new to be learned. Knowing how to approach the learning problem in a systematic way will greatly improve chances of success.

--Adapted from "a Tough Day at the Office?"
by Fred C. Archer
BUSINESS TEACHER
May-June, 1961, Page 15

Appendix B

HOW TO BE SUCCESSFUL THE FIRST DAY ON THE NEW JOB

If you know what is expected and how to react, you will not start off on the wrong foot or panic when you find yourself "on your own" for the first time in a totally strange situation. By all means remember the standard admonitions, such as:

1. Report on time.
2. Report fit, alert, and presentable.
3. Take along your tools.
4. Use common sense.
5. Follow the rules.
6. Remember to say thank you.
7. Stick to business.

Beginning workers are often so bewildered by the sheer volume of what has to be learned on the first assignment that they fumble and fail to make the best impression. One little slip-up leads to another and before they know it, their difficulties begin to snowball out of control.

It is a known fact that a beginner's difficulties frequently start during his first conference with his supervisor. The boss is obviously quite busy. He has probably not preplanned his remarks or instructions. To top it off, those inevitable routine interruptions distract the supervisor's attention and rob his/her explanation of the last vestige of continuity. The normal reaction is to sit with uneasy patience (or resignation?) to the end, nodding your head in eager agreement to let the boss think that you are absorbing every precious word. Of course, the supervisor's explanation is practically useless, but you must stand your ground and find out what you need to know. Your success may depend upon it.

The boss wants to help as much as s/he can, but there are many other demands on his/her time. There will be a lot to learn--a lot more than you can possibly hope to remember under the pressure of new surroundings. Give yourself every advantage by observing these suggestions for effective learning and retention.

1. When your supervisor or co-worker is <u>telling</u> you how to do your new assignment:

   a. Be an attentive listener.
   b. Be sure to understand the "why" of the operation.
   c. Ask plenty of questions.
   d. Take notes to help you to remember.
   e. Make diagrams and sketches if they will clarify your future recall more effectively.
   f. Record sources of information, supplies, and materials.
   g. Ask <u>again</u> if you are not sure.
   h. Repeat the explanation to the trainer to see if you really did understand.

2. When your supervisor or co-worker is <u>showing</u> you how to do your new job:

   a. Watch closely.
   b. Note organization of materials and supplies for proper working layout.
   c. Observe the sequence of operations.

PLEASE FILL OUT AND RETURN TO (instructor's name, school) address

In view of the large number of students who have requested Medical Secretarial Work Experience for next year, and the consequent need for training stations, I would be willing to have a Medical Secretarial Practice student train in my office for 65 unpaid hours during the school quarters as checked below.

	Yes	Possibly	No
First Quarter (Sept. to Nov.)	____	____	____
Second Quarter (Nov. to Jan.)	____	____	____
Third Quarter (Jan. to Mar.)	____	____	____
Fourth Quarter (Apr. to Jun.)	____	____	____

Comment _____

_____

Suggestions to us _____

_____

_____

_____

Name of firm or employer _____

Signature _____

PLEASE RETURN TO (instructor's name, school name, address)

When you are looking for above-average office help, call _____, the Medical Secretarial Practice Instructor, at school, phone.

These 198 graduates are RANKED BY THEIR PERFORMANCE IN THE CLASS AND IN THE LABORATORY, FROM BEST TO POOREST. However, it should be noted that even the lowest in this group could compete sucessfully with the average high school senior. For additional information, feel free to call the instructor, _____.

	Student's Name	Address	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

When you are looking for permanent or temporary above-average office help, call _____, Medical Secretarial Practice Instructor, (Name of school/college) Call _____ during the day, and leave a message. _____ will call you back. Evenings call (Place and phone number).

The students on the list may be called directly at any time, of course, if you do not desire the assistance of the instructor.

Types of office workers available: (1) paid full-time, of course, (2) paid part-time office workers, (3) unpaid secretarial work experience trainees, (4) unpaid volunteers.

Your annual reports of previous years, with their confidential rankings of graduates, are additional sources of information about above-average office workers who are available to you.

ANNUAL MEDICAL SECRETARIAL TRAINING REPORT
HIGH SCHOOL, CALIFORNIA
Instructor's Name
Date
and your

C O N F I D E N T I A L R A N K I N G O F G R A D U A T E S

General Information

Enrollment is Medical Secretarial practice courses for next year

is now complete, and all classes are filled. (Add other information as appropriate).

Job placements have been very encouraging.

Many of you have called us as openings occurred in your offices, and we have been able to supply you with above-average beginning Medical Secretaries. Please continue to give our students an opportunity to show you that they are eager to work hard, are well informed, and are well trained. Almost every one of our graduates is doing an outstanding job of holding up the standard of excellence we emphasize.

Attached is our list of graduates

for this year. We hope you will keep it in a handy place so you can easily consult it when you wish to employ an office worker who will really try to give you your money's worth. If you preserve these lists from year to year, you will accumulate a file of prospective Medical Secretaries with a varying number of years of experience. For instance, if you wish to employ an individual who has had two years of college and has been working part time during those two years, you could consult your 198_ list and doubtless find such a person.

Please return the enclosed questionnaire as quickly as possible.

There are _____ students enrolled in Medical Secretarial Work Experience for next year, so we will need many available training stations. We hope you can indicate your willingness to participate now, and drop the questionnaire in the mail today.

Employer's Evaluation of Trainee, Page 2

	Excel-lent	Above Aver.	Aver-age	Below Aver.	Poor
10. Maturity and judgment: Is discreet and always keeps confidences, is poised and self-controlled, is open-minded and tolerant, accepts suggestions, adapts readily, is not overly confident but shows initiative, reacts appropriately in new and emergency situations.					
11. Level of development of secretarial skills, such as typing, shorthand, filing, use of office machines, use of telephone, posting, etc. (Mention weak points in space provided below.)					
12. Apparent potential of the trainee, and trainee's probability of success as a Medical Secretary.					
13. Over-all evaluation of trainee's performance in your office.					

Skills and experience which should be strengthened: _____

_____

_____

Comments: _____

_____

_____

Signature of Rater _____

Date _____

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MEDICAL SECRETARIAL PRACTICE LABORATORY EXPLORATORY
WORK EXPERIENCE EDUCATION

Appendix A

EMPLOYER'S EVALUATION OF TRAINEE Trainee _____

Please place one check mark in the column which most accurately reflects your evaluation of the trainee's performance.

	Excellent	Above Aver.	Average	Below Aver.	Poor
1. Honesty and integrity, as shown by word, act, attitude, use of work time, use of office materials, handling of office valuables.					
2. Dependability, as revealed by punctuality and regularity in meeting work appointments and other obligations in the office.					
3. Responsibility, particularly in regard to completing any tasks delegated, without being reminded.					
4. Ability to follow instructions exactly after having had them explained to her only once.					
5. Quality of work done, considering accuracy, neatness, mailability, thoroughness, and consistency in meeting office standards.					
6. Quantity of work accomplished, including speed and effieiency, no lost motions, intensity of effort, steadiness of work pace, organization of work.					
7. Attitude toward work characterized by eagerness, enthusiasm, interest in and concern for the over-all objectives of the office, desire to learn as much as possible.					
8. Appearance: Posture and walk businesslike facial expression pleasant, and hair neat, makeup conservative, dress appropriate, grooming well done, neatness and cleanliness commendable. No gum chewing.					
9. Interpersonal relationships friendly, tactful, courteous, considerate, cooperative, appreciative, understanding.					

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Appendix A

MEDICAL SECRETARIAL OFFICE EXPERIENCE VALIDATING LETTER

Office _____

Trainee _____

Type _____

Date _____

Please type a letter similar to the following on your own letterhead , with the current date, and mail it to (customer's name, school, address) or send it by your trainee.

TO WHOM IT MAY CONCERN:

This is to certify that (name of trainee) worked in my office part time as a Medical Secretary Trainee from (date began) through (date ended) averaging 7 1/2 or more hours each school week.

(If you wish to add a sentence here about the trainee, s/he would appreciate it.)

Sincerely,

(Your signature)
(Your typed name)

(Initials)

SECRETARIAL WORK EXPERIENCE COORDINATOR'S REPORT

Name of trainee _____ Date placed _____

Name of firm _____ Tel. of firm _____

Address of firm _____ Supervisor _____

Hours Trainee Works: (Department in which she works _____)

Sunday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Monday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Tuesday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Wednesday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Thursday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Friday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Saturday _____ a.m. to _____ a.m.; _____ p.m. to _____ p.m.

Date of telephone check _____ Person interviewed _____

*Verbatim or summary report _____

_____

_____

_____

_____ Student informed _____

Date of visitation _____ Person interviewed _____

Verbatim or summary report _____

_____

_____

_____ Student informed _____

Coordinator's comments about trainee, firm, office, etc. _____

_____

*It is recommended that this section be completed in the presence of the student so that his/her strengths and weaknesses are openly communicated and the student becomes accustomed to employee performance reviews.

Appendix A

MEDICAL SECRETARIAL OFFICE EXPERIENCE:
SUMMARY OF HOURS FOR THE SECOND SEMESTER, 198X-198X

Name _____

Place of Employment Third Quarter _____

Place of Employment Fourth Quarter _____

DATE DUE	DAYS	HOURS REQUIRED	HOURS WORKED	TOTAL REQUIRED	TOTAL WORKED	TIME OVER	TIME UNDER
Jan. 28	0	0		0			
Feb. 4	5	7:30		7:30*			
Feb. 13	5	7:30		15:00			
Feb. 19	3	4:30		19:30			
Feb. 25	4	6:00		25:30			
Mar. 3	5	7:30		33:00			
Mar. 10	5	7:30		40:30			
Mar. 17	5	7:30		48:00**			
Mar. 24	5	7:30		55:30			
Apr. 7	5	7:30		63:00			
Apr. 14	5	7:30		70:30			
Apr. 21	5	7:30		78:00			
Apr. 28	5	7:30		85:30			
May 5	5	7:30		93:00			
May 12	5	7:30		100:30			
May 19	5	7:30		108:00			
May 27	5	7:30		115:30			

* Two 45-minute periods (a total of 1:30) are required.

** Let your instructor know when you have completed 45 hours in your office, fill out a new Request for Job Placement form, and hand it in, so she can arrange a new job for you before you finish 58 hours. You should be placed in your new position as soon as you complete 58 hours in one office.

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Appendix A

WEEKLY REPORT*

Name _____

Medical Secretarial Office Experience

Morning SP Period and Desk _____

Firm _____

Supervisor _____

Department _____

Date Due _____

Mon. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Tue. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Wed. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Thu. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Fri. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Sat. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Sun. (month) _____ (day) _____ from _____ to _____ totaling _____ hrs. _____ min.

Employee's evaluation of her own work _____ Total for week ___ hrs. _____ min.

Duties performed this week: (List and number them, using the bottom half of the back of this sheet if necessary. In that case write "over" at the bottom of your list).

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State briefly your evaluation of the experience you are securing in this office. One sentence is sufficient.

←——— what ———→ "because" ←——— why ———→

I should have a total of _____ hrs. _____ min.
I do have a total of _____ hrs. _____ min.

Signature of supervisor _____ (over)

* This and the following Summary of Hours are companion pieces.

Appendix A

MEDICAL SECRETARIAL PRACTICE APPLICATION BLANK
(Detach this sheet, fill it out, and return it to_____immediately.)

_____
Last Name First Name

If you have had any business courses besides typing, or if you are taking any business courses this year, list them:

_____

_____

_____

If you are planning to take any business courses this summer, list them:

_____

If you are planning to take any business courses next year, in addition to Medical Secretarial Practice, list them:

_____

_____

Have you had, or are you taking, Physiology? Yes____; No____. Will you be taking Physiology this summer? Yes____; No____; Not sure____. Will you be taking Physiology next year? Yes____; No____; Not sure____. Will you be a senior next year? Yes____. Are you planning to graduate in January? Yes____; No____; Not sure____. What is your approximate average mark for all classes in grades 10 and 11 (so far this year)--A, A-, B+, B, etc?____ Approximately how many days were you absent from school during the first semester of this year?____ What is the best typing speed you have made on a 5-minute test, with not more than 3 errors?____ Your mark on the spelling test (to be filled in by Miss Holst).____ Name of your English teacher this year_____ Are you applying for Secretarial Work Experience, also? Yes____; No____; Not sure____. Tell why you wish to enroll in Medical Secretarial Practice. Use all of the space below. (Make this a typical sample of your handwriting.)

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_____

_____

REQUEST FOR JOB PLACEMENT*

Name_____ Date of request_____

Address_____ Telephone_____

All possible working hours of which you could work 7 1/2 hrs to 10 hrs.

Sunday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.
Monday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.
Tuesday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.
Wednesday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.
Thursday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.
Friday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.
Saturday	_____	a.m. to	_____	a.m.	_____	p.m. to	_____ p.m.

Offices where you have worked this year:

1st qtr._____
2nd qtr._____
3rd qtr._____

Your first choice of a new placement:

Name of firm_____
Address of firm_____
Telephone number of firm_____

Your second choice of a new placement:

Name of firm_____
Address of firm_____
Telephone number of firm_____

Your third choice of a new placement:

Name of firm_____
Address of firm_____
Telephone number of firm_____

What transportation do you have?_____

On what date do you wish to begin work at your new station?_____

Placed_____

Supervisor_____

To begin on_____ Notified student_____ Student has begun_____

Recorded in training stations file_____ Posted on bulletin board_____

*The Instructor may want students to pass a filing test before placing students in local medical offices.

Signature of Principal, Department Chairperson, or Appropriate Individual _____

Signature of Coordinator _____

Signature of Employer _____

Signature of Parent or Guardian _____

Signature of Trainee _____

Date Agreement Becomes Effective _____

2. Work in his/her assigned office eight to ten clock hours each week each semester without pay, but for five units of school credit. It is understood that two offices and a variety of experiences will be involved.

3. Be prompt and regular in attendance at classes and at work appointments. It is understood that the trainee is not to work any day s/he is not in classes unless specifically permitted to do so by the coordinator and the employer.

4. Relinquish his/her job immediately is s/he should for any reason drop, leave, or be dismissed from school.

5. Conform to the clothing requirements of the office in which s/he is working, and be neat and well groomed at all time.

6. Hand in required permissions, records, and reports on time.

7. Consult with the coordinator concerning any problems which may arise regarding the exploratory work experience education program or the related classes.

8. Maintain a satisfactory school record during the time of the exploratory work experience education training period.

9. Notify the coordinator of any changes in the job, supervisor, or work hours.

10. Notify the employer well in advance when an absence is unavoidable (usually illness is the only permissable reason).

11. Remain with the employer during the entire training period (usually approximately eight weeks).

12. Be governed during his/her work-training period by school regulations, and abide by all implied and stated terms in this agreement.

RESPONSIBILITIES OF THE PARENTS OR GUARDIANS (IF THE STUDENT IS UNDER 18 YEARS OLD)

It is agreed that the parents or guardians of the trainee will

1. Inform themselves fully regarding the exploratory work experience education plan and consent to the trainee's participation in it.

2. Assist the trainee to carry out his/her duties and responsibilities related to the work experience assignment and encourage him/her to make the fullest possible use of learning opportunities.

3. Cooperate with those who are administering and coordinating the program.

It is understood that this agreement may be terminated by either the school or the employer by mutual consent.

f. The coordinator's evaluation of each trainee, including a mark.

8. Evaluate the work of the trainee after consultation with the employer and the trainee.

9. Establish and maintain good working relationships with the community, the employers, school personnel, parents of the exploratory work experience education trainees, and appropriate federal and state agencies.

10. Check on trainees after graduation to determine their vocational success.

RESPONSIBILITIES OF THE EMPLOYER

It is agreed that the employer will

1. Instruct the trainee regarding rules, regulations, and duties in his/her office.

2. Provide opportunity for the trainee to observe and perform work that is progressively difficult and that is typical of the tasks performed in offices of the type s/he operates.

3. Provide adequate supervision for the trainee.

4. Confer with the coordinator regarding any problems relating to the trainee and/or the exploratory work experience program.

5. Carry liability insurance for the trainee.

6. Maintain accurate records of the trainee's work hours.

7. Provide work opportunity for the trainee regularly eight to ten clock hours a week, generally at the times agreed upon with the student and the coordinator, for the length of the training period, which will usually be approximately eight weeks.

8. Not permit the trainee to replace a regular employee.

9. Give the school a performance rating at the end of each quarter (usually that will be the end of the training period) to be used in the determination of the trainee's mark.

10. Give the trainee a letter certifying that s/he was a trainee in his/her office and listing the dates of the training period.

RESPONSIBILITIES OF THE TRAINEE

It is agreed that the trainee will

1. Be enrolled in Medical Secretarial Practice concurrently with Medical Secretarial Practice Laboratory exploratory work experience education.

4. Provide related classes taught by capable instructors.

5. Award school credit for the exploratory work experience education course which is successfully accomplished, and for the related classes.

6. Provide clerical help for the coordinator sufficient to perform the clerical services which are vital to the program.

7. Provide office space, files, and a direct-line telephone for the coordinator as needed.

8. Maintain sufficient services for on-campus training stations as needed.

9. Carry workmen's compensation insurance for the trainees and encourage parents to carry accident and injury insurance for their students who are in the program.

10. Be responsible for the conduct of the student while s/he is engaged in the activities of this program.

RESPONSIBILITIES OF THE COORDINATOR

It is agreed that the coordinator will

1. Draw up a training agreement and review it with employers and trainees.

2. Select training stations where the duties to be performed by the trainee are typical of duties in offices of the type for which s/he is training.

3. Select trainees who are capable and will profit from the exploratory work experience education program.

4. Assist the trainee in obtaining a work permit and a social security number.

5. Conduct related classes which the trainee attends every day and assist the trainee in developing needed skills and in securing needed information.

6. Supervise the program by making on-the-job observations of the trainee and consulting with the employers at least once each quarter. Hold individual consultations with trainees.

7. Keep appropriate records including

   a. A record of the type of work experience in which each trainee is enrolled, where s/he is employed, and the type of job held.

   b. A record of the work permit issued.

   c. The employer's report of student attendance and performance on the job.

   d. The coordinator's report of observations of the trainees.

   e. The coordinator's report of consultations with employers.

Appendix A

MEDICAL SECRETARIAL OFFICE EXPERIENCE TRAINING AGREEMENT (SAMPLE)

PURPOSE OF THE PROGRAM

The general purpose of the Medical Secretarial office experience education program is the vocational guidance of the trainee through affording opportunities to observe and sample on the job a variety of conditions of work for the purpose of determining suitability for the area of office secretarial work s/he is exploring.

FEATURES OF THE PLAN

1. Medical Secretarial trainees are provided with unpaid, part-time on-campus and/or off-campus work experience.

2. Each trainee is given a variety of realistic exploratory experiences, typically working in four offices during the school year, a different one each quarter.

3. The validity of the work experience is assured by adequate supervision, coordination, record keeping, and evaluation.

4. Five units of school credit are earned for 7 1/2 or more clock hours per week of satisfactory on-the-job time spent by the trainee.

5. The school provides related instruction in courses concurrently taken by the trainee for additional school credit.

6. The trainee is assisted in finding a permanent job after graduation by the contacts made and the recommendations received as a result of the exploratory work experience education.

7. Upon the graduation of the trainee, the employers in the community are provided with capable, specifically trained, experienced employees who are likely to be permanent.

RESPONSIBILITIES OF SCHOOL OR COLLEGE

It is agreed that school's name will

1. Implement a Medical Secretarial office experience education program which is in harmony with federal, state, and local laws and regulations.

2. Provide a qualified coordinator to direct, supervise, keep records for, and evaluate the Medical Secretarial office experience education program.

3. Permit the coordinator to select capable trainees who will benefit from the program.

Number Instructional Ideas

Stutsman, Galen. "Survey Stresses Need for Filing Instruction." The Journal of Business Education, March, 1974, p. 263.

A Working Woman's Guide To Her Job Rights. U.S. Department of Labor, Women's Bureau, Washington, D.C.: 1975

1109.05.02 BOOKS ~~WITH~~ SUGGESTIONS FOR INTERVIEWS AND APPLICATION LETTERS

Meehan, James R., Mary Ellen Oliverio, and William Paseward. Secretarial Office Practice, 8th ed. Cincinnati: South-Western Publishing Company, 1972

Gregg, John Robert, et al. Applied Secretarial Practice, 7th ed. New York: McGraw-Hill Book Company, 1974.

Hanna, Marshall, Estelle L. Popham, and Rita Tilton. Secretarial Procedures And Administration, 6th ed. Cincinnati: South-Western Publishing Company, 1973

Morrison, Phyllis. A Career In the Modern Office, Book 4, Getting the Right Job. New York: McGraw-Hill Book Company, 1970

Murphy, Herta A., and Charles E. Peck. Effective Business Communication, New York: McGraw-Hill Book Company, 1972

New York State Department of Labor. Guide to Preparing a Resume. New York: New York State Employment Service, 1972.

Wolf, Morris Philip, and Robert R. Aurner. Effective Communication in Business, 6th ed. Cincinnati: South-Western Publishing Company, 1974.

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1109.05.01 RECOMMENDED READING/RESOURCES:

American Manpower Today. U.S. Department of Labor, Washington, D.C.: 1974

Bellotto, Sam, Jr. "Male Temps: Clerks to Controllers." Administrative Management, March, 1971, pp. 54-55, 79-80.

Employment and Earnings. Bureau of Labor Statistics, Washington, D.C.: 1974.

Facing Facts About Vocational Education In Your Career. The Prudential Insurance Company of America, Newark, N.J.: 1975.

Getting The Right Job. SCM Glidden-Durkee, Cleveland, 1973.

Jobs For Which A College Education Is Usually Required. Bureau of Labor Statistics, Washington, D.C.: 1973

Meisner, Dwayne. "The New Economics of Temporary Personnel." Administrative Management, May, 1974 pp.20-21.

Merchandising Your Job Talents. Manpower Administration, Washington, D.C.: 1974.

National Survey of Professional, Administrative, Technical, and Clerical Pay. Bureau of Labor Statistics, Washington, D.C.: 1975.

A New Approach to Manpower. Manpower Administration, Washington, D.C.: 1974.

Occupational Outlook Handbook. U.S. Department of Labor, Washington, D.C.: 1976.

"Occupational Outlook For The Mid-1980's." Occupational Outlook Quarterly, Winter, 1975.

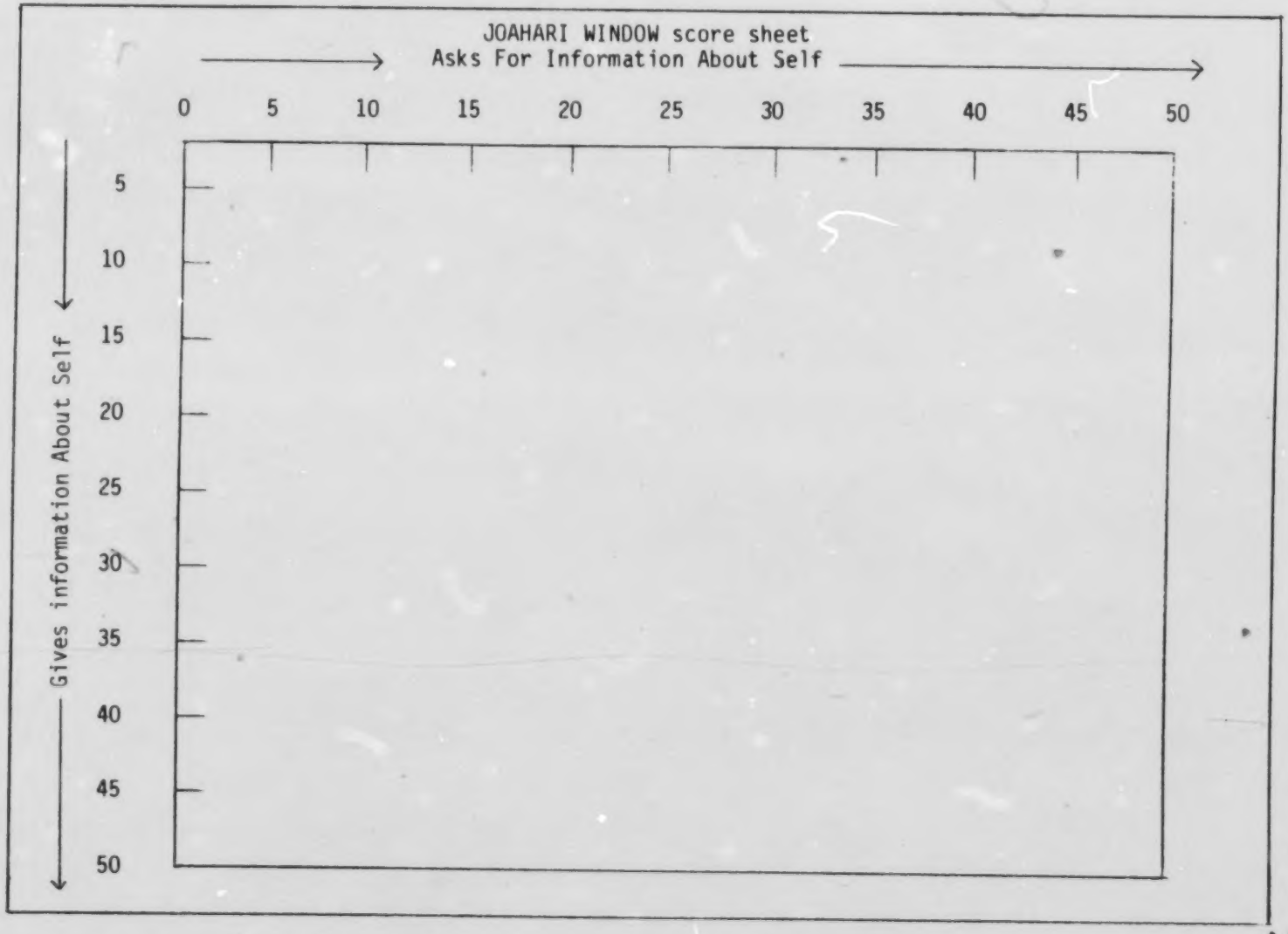
Prigge, Lila L. "Specialized Programs in Office Occupations." Journal of Business Education, April, 1976, pp. 211-213.

Renee, M. Anne. "What Business Wants From Beginners." Administrative Management Society Report, May, 1974, pp. 55-57.

Short, Larry E. "Nondiscrimination Policies: Are They Effective?" Personnel Journal, September, 1973, pp. 786-792.

Number

Instructional Ideas


JOAHARI WINDOW score sheet
Asks For Information About Self
0 5 10 15 20 25 30 35 40 45 50
Gives information About Self
5 10 15 20 25 30 35 40 45 50

Number Instructional Ideas

How do you feel the interview went?
Comment: _____

What suggestions do you have for improvement?
Comment: _____
_____
_____

Would you hire this student?
Comment: _____

_____
Signature and Title

Thank you very much for your time and effort. It is greatly appreciated by both my students and myself.

Instructor's Name
Program Name
Address
Phone Number

1109.04.02 Have each student complete a Johari Window Test. (David W. Johnson, Reaching Out: Interpersonal Effectiveness and Self-Actualization, Prentice-Hall, Inc.: Englewood, Cliffs, New Jersey, 1972). Have each student plot his/her score on a Johari Window score sheet like the one below.

Have students answer the following questions. There are no right answers. The point of this posttest is to have students consider their typical reactions, which one would also expect in the working environment.

1. How can a person with a large blind spot decrease the blind spot and make the area bigger?
2. How can a person with a large hidden section decrease the hidden section and make the area bigger?
3. How can a person with a large unknown section decrease the unknown section and increase the area?

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REFERENCES

Name of Medical Secretarial Instructor, 540 Sunset Drive, Californiatown (444-2068).
Captain Sherman Sholtz, 1539 First Street, Californiatown (444-3736).
Mr. Charles Petersen, 2995 Pinewood Drive, Californiatown (444-3318).
Mr. Juan Diaz, 1048 Delbrook Drive, Californiatown (444-8097).

1109.04.01 Posttest Directions for the Instructor: Arrange for each student to complete a simulated (or real) job interview with a local employer. Instruct students to take their resumes and portfolios to the interview. In addition, each student will take a copy of an interviewer's rating sheet, such as the sample which follows. Interviewers will assess each student's performance and return the completed form to the instructor for further analysis and discussion with the student about interviewing strengths and weaknesses.

INTERVIEWER'S RATING SHEET

Branch: _____ Date _____

This student is on an assignment from the _____ class. S/He is trying to gain experience and confidence in interviewing for a job.

Would you please take a few minutes to complete the following upon termination of the interview? Thank you.

Student's name: _____
Did s/he call to set up an appointment?
Comment: _____
Was his/her attire and appearance appropriate?
Comment: _____
Did s/he introduce her/himself?
Comment: _____
Did s/he terminate the interview satisfactorily?
Comment: _____
What was your general impression of the student?
Comment: _____
_____
_____

Number Instructional Ideas

Duplicators
A.B. Dick Stencil Duplicator, Heyer Liquid Duplicator, 3M Dual-spectrum Copier, Gestetner Electrostatic Copier, Gestetner Electrostatic Scanner, A.B. Dick Offset Duplicator.

Voicescription
Dictaphone Visible Belt Transcriber, Dictaphone Magnetic Belt Transcriber, Dictaphone Combination, Stenorette, IBM Transcriber, IBM Combination, Edison Disk Transcriber, Edison Disk Combination, Edison Tape Combination.

Miscellaneous
Paper cutter, Stapler, Paper punch.

Honors and awards
Bank of America First Place Zone Winner in Vocational Arts; Nominated for National Association of Medical Secretaries Scholarship Honor Roll; 1969 Crisco Award for Outstanding Student in Home Economics; 50-hour service award from Community Projects, Inc.; Certificate for 62 w.p.m. in typing; Medical Stenographer rating on Civil Service test; 5-minute Gregg Shorthand Speed Test Award at 60 w.p.m. and 80 w.p.m.; Gregg Shorthand Basic Transcription Production Test award; Gregg Shorthand OGA Penmanship Test award.

Activities
Member of: Pep Club, Homemaking Club, Burkart's King and Queen Dance Club, Senior Tea Committee, Spirit Week, Car Rally, Christmas Hall Decorations, Spring Show, Tennis Team, Community Projects, Inc.

EXPERIENCE RECORD

Medical Secretary Trainee, Dr. P.J. Oyama, 1754 Second Street, Californiatown (444-3753).

Medical Secretary Trainee, Californiatown Police Department, 1539 First Street Californiatown (444-3736).

Clerk-Typist, Californiatown Unified High School District, 2425 Jefferson Street, Californiatown (444-8311).

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DATA SHEET

Jean Diane Bryant

PERSONAL INFORMATION

Address	1086 Mission Trail, Californiatown.
Telephone	444-0473.
Position desired	Medical Secretary.
Age	18. April 16, 196X
Height and weight	5 feet 2 inches. 98 pounds.
Marital status	Single.

EDUCATION RECORD

Graduate, Any High School, May 26, 198X

Classes which especially apply

Typing 1, 2	Office Production Typing
General Business	Medical Secretarial Practice
Office Machines	Secretarial Work Experience
Shorthand 1, 2	Psychology

Machines used

Typewriters

Electric: IBM Executive, IBM Standard, IBM Selectric, Royal 970, Royal 660, Royal 550, Royal Electress, Alder, Olympia, Underwood.

Manual: Royal 440, Royal Empress, Smith-Corona-Marchant, Remington.

Adders-Calculators

Comptograph Ten-key Adder, NCR Full-bank Adder, Victor Printing Calculator, Monroe Rotary Calculator, Monroe Electronic Calculator, Burrough Key-driven Calculator, Olivetti Underwood Bookkeeping Machine, Olivetti Divisumma 24 Printing Calculator.

Number	Instructional Ideas

1109.03.01 Pretest Directions for the Instructor: Give students a data information sheet like the one which follows, and ask them to develop a resume. A satisfactory resume would look like that of "Jean Diane Bryant" which also follows. Analyze each student's resume carefully and then use it as a career counseling device. If students lack job experience, they should be placed in a Medical Office for on-the-job experience as soon as possible. If they lack skill in using office machines, this can be remedied in class through Module 1102. In short, students' responses to the pretest will give instructors a very clear idea of students' employability in certain areas. It will not address interpersonal skills, but these will be more apparent in the mock interview and receive considerable attention in Module 1107, Interpersonal Relationships.

INFORMATION NEEDED FOR DATA SHEET AND APPLICATION

1. Name
2. Address
3. Telephone number
4. Date of birth
5. Citizenship
6. Height
7. Weight
8. Social security number
9. Marital status
10. Residence (living with parents, etc.)
11. Education
    a. Where your high school work has been taken and when.
    b. Classes you have had which are pertinent to the job being sought.
    c. Academic awards and recognitions.
12. Extracurricular activities and special interest.
    a. Senior class offices and school offices held.
    b. Athletic participation.
    c. Clubs, on campus and off campus, and societies and other organizations to which you belong or have belonged.
    d. Church activities and community activities (volunteer work for Red Cross, etc.).
13. Work experience (give full name of employer, address and telephone number of employer, dates of employment, duties performed).
    a. Secretarial work for pay.
    b. Secretarial work for school credit.
        1) Secretarial Work Experience offices.
        2) Medical or General Secretarial Practice laboratory (e.g., MWF labs).
    c. Secretarial volunteer work.
    d. Non-secretarial work, paid or unpaid, which demonstrates that you can carry responsibility and have desirable work habits.
14. References (Follow suggestions below.)
    a. Get permission from those you list.
    b. Give full names, their positions, their addresses, their telephone numbers.
    c. Do not list your relatives.
    d. List those for whom you have worked, community leaders, school leaders or teachers, church leaders, etc.

Number Instructional Ideas

5) How can I find out more about health careers?
Talk to your guidance counselor, health professionals, students in health training programs, teachers or admissions counselors in health occupations schools. Read more about health careers in general. Two good books available at most school or public libraries are Health Careers Guidebook (U.S. Department of Health, Education and Welfare) and Occupational Outlook Handbook (U.S. Department of Labor). Visit health occupations schools and health facilities during "open house" days. Volunteer in a health facility or health agency by contacting its Director of Volunteers.

6) How can I best prepare for future training?
In high school, get a good foundation in English, science, and math. Take biology, chemistry, algebra, and courses to build your communication skills, reading speed, and comprehension. If some college or a college degree is needed before health occupations training, contact the schools giving this training early for their specific college prerequisite courses.

B. Have students contact (visit, wirte, or telephone) persons employed in the field regarding entry-level positions available, salaries, and advancement opportunities.

C. Describe and discuss federal and state wage and hour laws and/or invite the local labor commissioner to discuss laws.

D. Have students investigate sources of information about job openings and report to class.

E. Give each student a copy of "How to Be Successful the First Day on the New Job" (Appendix B) and discuss thoroughly. From time to time, but at irregular intervals, refer back to the handout to reinforce these concepts. Have each student place a copy of the handout in his/her portfolio for continuous reference.

F. The instructor should review the Checklist for Finding a Secretarial Job (Appendix C) to fill in more appropriate local information. This can be a very important tool for student diagnosis and individual or class discussion. It can be treated in the same manner as E above.

Number	Instructional Ideas

L. Discuss the meaning of "initiative" and its relationship to "enthusiasm." In discussion, evaluate classroom situations to show how one student or group demonstrated initiative. Role-play situations that show initiative and lack of initiative. Discuss results with class. Develop an "initiative chart." At the end of each class period, give each student who demonstrated initiative a square on the chart.

M. Have each student conduct a self-evaluation, using an attitude rating sheet each week for one month. Put evaluations in each students "personnel file" and discuss at the student's evaluation.

N. Have students cut out examples from magazines of what they feel to be proper business attire. Discuss results as entire class.

1109.02.03 A. Ask the following questions to stimulate class discussion of Medical Secretarial careers:

1) What are the job opportunities in the health field?

Health is the second largest industry in our country employing over 4.4 million workers. Yet, believe it or not, doctors represent just 7% of this work force. There are over 200 other professional occupations in the health field.

2) What's the job market like for health occupations?

The national outlook is very good and growing. But the job opportunities vary considerably among cities, states and the individual professions. (Rural and inner city areas need health workers most.) To get an idea of job demand in your area, check state labor statistics or research the local job market yourself. Find out what jobs are available by checking newspaper classified ads, school placement offices, personnel departments of health facilities, government and health agencies.

3) Are most jobs in hospitals?

Only about half. Don't overlook nursing homes, psychiatric institutions, neighborhood clinics, doctor's offices, rehabilitation centers, health maintenance organizations, research institutes, public health agencies, and other vital links in our health delivery system.

4) What about salaries for health jobs?

Like the job market, this is extremely variable. Where you work, the career you choose, your level of training, and experience will all affect your salary.

Number	Instructional Ideas
1109.02.02	A. Stage an interview day where half the class comes prepared for an interview, and half the class evaluates their performance.
	B. Videotape or tape record students or other faculty conducting simulated job interviews with students. Play back for class discussion and evaluation.
	C. Hold a class discussion or emphasize during interview day or the videotape playbacks the importance of verbal communication. Stress that the interviewer will be checking to see how well-spoken they are. Have them become conscious of and practice effective speech.
	D. Invite an employment agency counselor to discuss the use and importance of letters of application. Ask guest to bring samples.
	E. Have students review samples and prepare their own letters of application for a job of their choice.
	F. Discuss information which can and cannot be required on job application forms and have students complete sample forms.
	G. Invite a professional businessman/woman to talk to the class about professional grooming and how it has affected his/her career development. The instructor is also encouraged to remember that what s/he wears to class or how s/he acts is one of the most consistent and important models students will have during pre-employment.
	H. Discuss principles of speaking and listening for effective oral communications.
	I. Videopate or tape record students practicing oral communication skills. Play back and discuss manner of speech, tone of voice, attitudes, gestures, etc.
	J. Invite a local medical employer as a guest speaker to discuss qualities desired of employees.
	K. Discuss the importance of enthusiasm. Role-play employer-employee situations showing enthusiasm and willingness to work. Have students create a two-minute videotape production demonstrating employee enthusiasm and willingness to work.

Number

Instructional Ideas

FOLLOW-UP FORM: (To be completed by students in months/years following training.)

Name _____ Telephone _____
(As listed in Medical Secretarial Training class)
Address _____ Today's date _____
Married? ____ When _____ Husband's full name _____

WORK RECORD SINCE HIGH SCHOOL /COLLEGE GRADUATION

Employer _____
Position _____ Full time ____ Part time ____
Date began _____ Date ended _____
- - - - -
Employer _____
Position _____ Full time ____ Part time ____
Date began _____ Date ended _____

SCHOOL RECORD SINCE HIGH SCHOOL GRADUATION

Name of school _____
Address of school _____
Field of study _____ Full time ____ Part time ____
Date began _____ Date ended _____
- - - - -
Name of school _____
Address of school _____
Field of study _____ Full time ____ Part time ____
Date began _____ Date ended _____

(Use back of sheet, if you need more space. Write "over" on this side.)

Comments and suggestions for Medical Secretarial training classes: _____
_____
_____
_____
_____

Number

Instructional Ideas

MEDICAL SECRETARIAL TRAINING STUDENT FOLLOW-UP FORM: _____
(To be completed by students as they exit training) (Name of High School, Community College, etc.)

_____ _____
Married name Husband's first name

_____ _____
Maiden Name Given name

_____
Address: Number and street; post office box; city; state; zip code number

_____ ____ ____ ____ ____ ____ ____ ____
Telephone Age Sh. sp. Typ. sp. S.P. 1st S.P. 2nd Ab. 1st 2nd

Goal _____

Plans for immediate future _____

Comments by instructor _____

Date	Add.	Information

Number	Instructional Ideas
1109.02.01	A. Describe in class the purpose, content, and style of a resume. Have students review sample resumes and write their own resumes. Have class discuss results.
	B. Have students show in their resumes that they know what a possible career ladder is by including their own career objectives.
	C. Have a "workshop" on resume writing and job-hunting skills. If possible, invite local Medical Secretaries, others employed in the health professions, former students, or private industry career counselors to speak to students. Include the following: 1) Application letter 2) Application forms 3) Interview questions 4) Calling for an appointment 5) Simulate an interview, post-interview 6) Follow-up letters 7) Selection of references
	D. Have graduates of this course return to give pointers to students.
	E. Develop a student follow-up system maintained by the students themselves. The following procedure has been used successfully: 1) Have each student will out the Medical Secretarial Training Student Follow-Up Form on the next page. This is the record used for further contact. 2) Have current students mail the Follow-Up Form in the second month after training begins. (Adjust the timing to suit the course.) 3) Have current students analyze the results for indications of the training's success and any modifications to training needed. 4) Have students file follow-up results in former students' files for future reference. 5) Complete an annual follow-up on all students. 6) Use the information for job placement referrals if employers contact the instructor for possible employment. Current students, in effect, will be placing former students and learning about the Medical Secretarial job market in the process. This strategy not only gives students further organizational/filing practice, but allows them to follow the career path of former students in preparation for their own employment.

Number

Instructional Ideas

GENERAL COMMENTS: Almost everyone who has had any contact with medical or medically related offices during the past five to ten years is aware of the acute shortage of medical help. Since it is a well-documented fact that physicians can serve many more patients if they have competent secretarial help, it follows that the shortage of skilled office assistants is not only an obvious problem but a very basic one. Medicare has transformed an acute shortage into a critical shortage. Many doctors feel that the scarcity of qualified Medical Secretaries is a crisis of first importance. And it seems apparent that the need is not only in California but throughout the United States.

Successful Medical Secretarial programs appeal to students for many reasons:

1. Young people see in the Medical Secretarial field an opportunity to satisfy two basic desires: (a) their wish to earn a good salary and (b) their interest in helping others.

2. Many students have an interest in some medical or paramedical area. They therefore appreciate the privilege of qualifying for immediate employment in a medically-related office.

3. The range of abilities accommodated by medical office equipment is quite broad. The gifted student who may never really have been challenged in his/her academic work finds medical transcription as demanding as s/he can possibly face because the terminology is so complex, the necessary understandings are so vast, and the areas of medical specialties differ in such pronounced ways. On the other hand, the student who is average academically, but who is attractive, neat, has a warm but professional manner, and is mature (not necessarily in years, but in attitude) can be very useful and qualify for a position in which s/he finds great satisfaction and is much appreciated.

The CBE Program Guide Common Core and Office Core contain several units applicable to this module. The Task Force, however, felt that another module was appropriate for two reasons: 1) there are skills specific to the Medical Secretarial field which students should learn and 2) Medical Secretarial students will have learned more skills than the clerk-typist, for example, and therefore should be prepared to present themselves as more highly trained.

Number	Condition	Performance	Standard
1109.01.01	Given examples of a medical secretarial resume, and a checklist of items to be included,	the student will develop a professional resume	earning a score of "pass" on at least 90% of the items on the checklist.
1109.01.02	Given a list of local medical offices and facilities,	the student will complete a mock interview	to the instructor's and employer's satisfaction.
1109.01.03	Given information on the career possibilities in the Medical Secretarial field,	the student will complete a three-year career plan	which contains specific details concerning what type of job, etc. the student expects to achieve at the end of that time.

Instructional Ideas

Number

1108.04.01 The posttest for this module is the same as the pretest when there is word processing or time-share equipment available in the classroom or training center. The ultimate test of a student's competency for this module is whether s/he can perform routine medical office procedures using the new equipment.

1108.04.02 If the pretest report did not show sufficient understanding of the modern office, the instructor can assign a small research project to each student which results in a brief report and shows increased depth of understanding over the pretest to the satisfaction of the instructor. Research can consist of interviewing Medical Secretaries and others in the modern medical office, observing a medical office for a day or a portion of a day, and reading articles of interest in the school, college, or local public library. The instructor should specify the format of the report in advance, which will also be useful strategy in having students follow directions. The report should otherwise be clean and neatly typed.

1108.05.01 The Word Processing Supplement to the California Business Education Program Guide contains thirteen skill modules related to this area. In addition, there is an extensive bibliography at the back of the supplement, lists of resources, and other helpful material.

1108.05.02 There are professional medical management groups throughout the state which provide modern medical office services of the kind discussed in this module. Their promotional material is available to the instructor for distribution to students. Some also have multi-media presentations for loan, which would be excellent for introducing students to the modern medical office. The names of nearby firms can be found in the telephone book.

Number	Instructional Ideas

B. Word processing instructors generally agree that very good operators, or students who become good operators, generally have a love of equipment and an intense curiosity. That is not to say that others cannot become skillful or that instructors cannot encourage that kind of enthusiasm and curiosity. In fact, several pointed out that older students will frequently need a different kind of assistance than younger students do. The older student many times is intimidated by the equipment or suffers from lowered self-esteem. Instructors who give such students considerable attention and encouragement, helping them to master the equipment, will often see marked changes in their assertiveness, etc.

C. In the course of learning how to operate the various automated typing systems which are available to them, students will turn to the machine manuals in many cases to solve operational problems. The instructor is encouraged to let students try to learn the systems by following the manuals, as this is excellent practice in following complex written instructions. Likewise, if instructors establish a simulated medical office in the class, students will acquire valuable experience as they process routine medical paperwork on the equipment. Any of the forms found in this supplement, or any additional forms which can be obtained from local medical offices, can and should be used for simulated practice.

D. Invite an Office Manager or Secretary-Receptionist from a local medical office to discuss his/her experiences with a modern medical office. If possible, find an individual who has experience in both kinds of offices--those with and those without equipment. Ask the individual to discuss with students the practical side of the modern medical office (increased efficiency, etc.) and his/her personal response to these kinds of changes.

1108.03.01 For those classroom or training situations where equipment is available, ask students to prepare a daysheet for a doctor for a given day. If the student is able to prepare the daysheet accurately and easily to the instructor's satisfaction, the student may be considered to have passed the pretest satisfactorily.

1108.03.02 For those classroom or training situations where there is no word processing or time-share equipment, ask students to prepare a brief report on the medical office. Those students who are able to cite types of equipment and applications may be considered to know the material satisfactorily. This approach has the additional advantage of allowing the instructor to evaluate students' written language. If the student needs to further develop writing skills, the instructor can suggest ways to go about this.

Number	Instructional Ideas
	f) Typing statistical tables
	g) Centering column headings with dec tab (decimal tabulator) settings
	h) Typing a statistical table with text column
	i) Changing statistical tables
	j) Changing statistical material
9)	Underscoring
10)	Stop instructions
11)	Paragraph advancing
12)	Storing procedures
	a) Exercises--typing, playing back, and storing a project
	b) Batch storing
	c) Playback from storage
	d) Changing stored material
	e) Exercises--changing a stored project
	f) Exercises--combining and separating paragraphs
	g) Batch playback
	h) Storage lock lever
	i) Lights
13)	Format changes
	a) Line space lever
	b) Left margin stop
	c) Line length
	d) Tab settings
	e) Type size--exercise in changing type size
14)	Memory capacity
	a) Typing a project
	b) Making an addition
15)	Typing without memory
16)	Preparing envelopes

Number

Instructional Ideas

3) Exercises in typing in memory
   a) Playing back what is in memory
   b) Code button
   c) Clearing memory
   d) Typing and playing back with memory
4) Error correction
   a) Line return
   b) Exercises--using line return to correct errors
   c) Line delete to correct errors
   d) Adding material
   e) Deleting carrier returns
   f) Deleting accidential carrier returns
   g) Paragraph and line advance
5) Storage
   a) Special typing instructions
      1) Hyphenating during playback
      2) Hyphens and dashes
      3) Exercises--typing hyphens and dashes
   b) Centering
   c) Required space
   d) Required backspace
   e) Required carrier return
6) Special instructions
   a) Required tab
   b) Repeat
   c) Decimal tab
   d) Paragraph indent
7) Multiple-page projects
   a) Typing and storing a multiple-page project
   b) Playing back a multiple-page project
   c) Changing a multiple-page project
   d) Making changes and playing back from a specific page
8) Tables and columnar projects
   a) Typing a columnar project
   b) Typing a project with column headings
   c) Typing tables with text paragraphs
   d) Typing and playing back a project with manual tabs
   e) Changing tables and columnar projects

Number	Instructional Ideas

GENERAL COMMENT: The medical office of the future will be an automated office, and that day is not long off. A frequent comment during Task Analysis with medical office managers and supervisors was that they expected to have word processing equipment or time-share computer systems within the next two or three years. Already there are professional medical management companies developing such systems and marketing them throughout the state, and the more we expose -- if not directly train -- our Medical Secretarial students in the use of these systems, the more employable they will be. If the instructor is fortunate enough to have direct training access to the equipment, then billings, schedulings, etc. can be taught/learned for both the traditional and the modern office. More often, the instructor will not have equipment for training, but the Task Force still recommends attention to this area. Ways are suggested below for temporarily acquiring equipment or gaining access to it. The important thing is that Medical Secretarial students are familiar with such systems and unafraid to learn them should the student find him/herself in a modern medical office. The instructor who wishes to develop a more comprehensive approach to word processing in the medical office should consult the Word Processing Supplement to the California Business Education Program Guide.

1108.02.01 A. Even though there may be no word processing or time-share equipment in the classroom or skills center, it is still possible to offer instruction in this module through demonstration. One alternative is to visit a modern medical office to observe how applications are put into actual practice. A second alternative is to ask vendors to loan the class equipment for a short period of time. This is frequently done, it gives students some opportunity to try new skills, and it is definitely to the advantage of the vendor to acquaint students with the products they may one day help purchase. Points to stress to students during demonstrations would include the following:

- General understanding of the keyboard with video-display screen
- General understanding of the operation of the printer
- Basic operating procedures for the printer
- Getting to the main screen
- Accessing information through passwords
- Types of programs available and demonstration of a representative sample

B. Learning to use the equipment will probably include most or all of the following:
1) Typewriter adjustments
2) Typing in memory

Number	Condition	Performance	Standard
1108.01.01	Given schedules, billings, letters, medical records, and various other kinds of medical information,	the student will access a word processing system or time-share computer system to complete the various functions necessary in the medical office	with a 90% pass rate on an items checklist.

Number | Instructional Ideas

14. A patient phones and says she thinks there's an error in her bill. You'd say:
    a. "Well, don't tell me about it. I'll transfer you to the right place."
    b. "I'm sorry. I'll connect you with Mrs. Bell in our bookkeeping department.
    c. "Believe me, lady, the office doesn't make many mistakes . . . we have to balance, you know. But I'll switch you to someone who can look it up."

Answers: 1.d; 2.a; 3.d; 4.c; 5.c; 6.a; 7.a; 8.c; 9.b; 10.a; 11.b; 12.b; 13.c; 14.b

1107.05.01 The following references may be helpful resources in teaching/learning this module:

Medical Office Procedures, Bredow (set of nonstenographic tapes for simulations)
Gregg-McGraw Hill Division Publishing
Medical Office Practice, Second Edition, Philip S. Atkinson, (College Catalog) (KOB)
Business Administration for the Medical Assistant, June Hall C.M.A., Ina Yenerich, C.M.A.,
Colwell Co., Campaian, IL 61820
Medical Office Management, (a guide, workbook, and text), Career Publishing Co.,
Orange CA 92667

Number Instructional Ideas

8. The patient fourth in line is both impatient and hostile. You hear him say loudly: "Every time I come here, it's wait, wait, wait!" When he gets to you, you might want to say:
   a. "Hi. We both know you always come right before lunch time, right?"
   b. "Mr. Beyer, you're not the only one who waits, you know."
   c. "Sorry we're so busy. I'll do this for you as quickly as I can."

9. You have a shy patient who is having difficulty filling out a form. You would say:
   a. "What's your problem anyway?"
   b. "Let me help you. I couldn't figure this out at first myself."
   c. "Here's a friendly tip: get that thing right or I'll make you do it over."

10. After you call a patient back and identify yourself, the next thing you should do is:
   a. establish what the call is about in the first place.
   b. deliver the wanted information promptly.
   c. make an excuse if you don't have the information yet.

11. An angry patient phones. You explain that you have another patient with you and:
   a. tell the caller to call back later.
   b. offer to call him back.
   c. ask him to hold, even if it might take a while.

12. Whether simply answering someone else's phone or taking the message, you will:
   a. explain why the person is not at his/her desk.
   b. give and get all pertinent information.
   c. tell the caller you're not able to help.

13. It's harder to establish a feeling of warm, personalized service on the phone because:
   a. the caller isn't "real" to you.
   b. your real surroundings distract you.
   c. it must be done with words and voice alone.

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3. If a talkative patient won't leave your window you should:
   a. close your window temporarily.
   b. let him/her keep talking.
   c. say that you have better things to do than listen to him/her all day.
   d. say that you'd like to talk but there are patients waiting.

4. If you have other patients in line, but the patient at your window seems frightened and doesn't understand the messages which you've repeated several times, you should:
   a. tell the patient to hurry up.
   b. repeat your messages one more time in a louder voice.
   c. introduce the patient to an employee who can take the necessary time or speaks the patient's language.
   d. tell the patient to wait until you have more time.

5. If you notice that a patient at the end of a line keeps stamping his/her foot, checking a watch, and muttering something, you should:
   a. yell to him/her to come back later.
   b. sacrifice a little accuracy for speed.
   c. refuse to become hurried.
   d. ask him/her why s/he's so impatient when s/he finally gets to the front of the line.

6. An elderly patient snarls, "Young man, I've been coming here for 54 years and you ought to know my name." You should say something like:
   a. "I'm sorry I don't, 'mam I'm new here. Let's introduce ourselves. I'm Harrison Grant. Please tell me your name, and I'll know next time for sure."
   b. "Gosh . . . . I don't think I ever saw you before. And I've got other people waiting so. . . what did you want?"
   c. "Well . . . give me a chance. . . I just started here . . . so it's not fair for you to take that attitude. A new job makes me nervous anyway. Have a little consideration . . . others are waiting, you know."

7. A lot of people are waiting and the patient you are helping is talking on and on about her operation. A good thing to say would be:
   a. "Nice to see you back, Mrs. Black, but others are waiting."
   b. "Goodbye."
   c. "You really had a bad time. I'm sorry. How long were you in the hospital?"

Number Instructional Ideas

8. When you deal with patients directly or indirectly, which of the following is important?
   a. your attitude
   b. what you say
   c. the tone in which you say it
   d. all of the above

9. When a patient finally gets at your desk you should:
   a. complete the transaction quickly without looking up.
   b. greet the patient with a smile and ask how you can help.
   c. assume that the patient is irate and call your supervisor.
   d. continue filing, or doing whatever task is at hand, until you've finished.

10. Carefully listening to patients' requests helps you:
   a. save time.
   b. avoid mistakes.
   c. recognize potential problems.
   d. all of the above.

Answers: 1.A; 2.C; 3.B; 4.A; 5.B; 6.C; 7.B; 8.D; 9.B; 10.D

1107.04.01 Posttest Directions: Circle the letter in front of the phrase that best completes each of the following statements.

1. If a patient walks up to your window and starts to yell at your before you've had a chance to say a word, chances are:
   a. you glared at the patient without realizing what you'd done.
   b. the patient doesn't like you.
   c. you were rude when the patient was in last week.
   d. the patient has had a bad day.

2. The first step in calming an angry patient is to:
   a. listen to the complaint without getting involved.
   b. say that the problem can't be as serious as it sounds.
   c. say you don't know how to handle the request.
   d. become as angry as the patient.

Number Instructional Ideas

2. If a patient tells you that she tried to reach the bookkeeping area of your office by phone all morning with no success, you should say:
   a. "It's funny you should mention that. I've heard nothing but complaints about that area."
   b. "I know what you mean. I've had the same problem."
   c. "I'm sorry. Since you're in the office, why don't you see the individual in charge in person."
   d. "It figures. Everyone seems to be on vacation."

3. If a stranger approaches you and hands you a bill with the name Celio Orozco and a $50 check, you should say:
   a. "Are you Celio Orozco?"
   b. "How are you today, Mr. Orozco?"
   c. "Is this the only business you wish to transact today?"
   d. "I don't remember taking care of your before. Are you new here?"

4. Which remark indicates a medical office with good patient relations? Someone says:
   a. "The woman at the front desk, on the phone, and with four patients waiting, looked up, caught my eye, and gave me this big smile . . . ."
   b. "I had to wait in a long line, but I could still hear the receptionist saying crossly, 'Why do you all come in at once?'"
   c. "I wandered around like a lost soul and absolutely no one knew I was there."

5. If you don't know a patient's name, it's best to say something like:
   a. "Have you been in here before?"
   b. "Hello. How are you today?"
   c. "Let's see . . . should I know you?"

6. If you really can't hear a patient's request, you'd say:
   a. "Can't you talk a little louder?"
   b. "It's so noisy in here . . . what did you say?"
   c. "I'm so sorry, Mrs. Kirk. I didn't hear what you said."

7. When just one employee is irritable and impatient with a patient, it affects that patient's attitude toward the entire office because
   a. people are really unfair about things like this.
   b. the office is where it happened.
   c. Feelings are so complex. Who knows

Number	Instructional Ideas
1107.02.04	A. "Walk through" a typical day in the work life of a Medical Secretary.
	B. Explain prioritization of tasks.
	C. Give students "mixed-up" lists of items done by a Medical Secretary during the day and have students prioritize.
	D. Have students develop a list of the types of tasks that can be done as "fillers" in slow periods.
1107.02.05	A. Have students share cultural/religious customs.
	B. Have students do a "cultural geneology" of their own family.
	C. Have an International Day, where each student dresses in a native costume and brings a native dish.
	D. Discuss differences in eye contact, touching, and acceptance of the American style of medicine in various cultures.
	E. Encourage students who have proficiency in a language other than English to develop their skills further. Recent Legislation and growing numbers of people who do not speak English provide Spanish-speaking, Cantonese-speaking, etc. Medical Secretaries with many more employment opportunities than the English-limited individual.
1107.02.06	A. Have students role-play their responses to a number of situations: 1) Videotape some of these role plays. 2) Have students criticize the body language.
	B. Instructional idea 1107.02.05 D is appropriate here.
1107.03.01	Pretest Directions: Circle the letter in front of the alternative that best completes each of the following statements.
	1. Your office will appear more attractive to patients if you: a. use common sense in difficult situations. b. concentrate on transactions and ignore "people" skills. c. spend a few minutes chatting with each patient. d. overlook patient's privacy from time to time.

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Number

Instructional Ideas

3. The Know-It-All Person
This is the person who acts as if s/he know all the answers. S/He wants to impress people, and often displays a superior attitude. S/He likes to contradict what others say. How should you handle him/her?
- Make him/her feel important by listening to him/her.
- Ask his/her opinion about something.
- Don't show resentment and be patient with him/her.

4. The Undecided Person
The undecided person can never make up his/her mind. S/He is apprehensive and uncertain when it comes to making decisions. S/He needs the support of other people. How should you handle him/her?
- When s/he has to make a decision, offer a minimum number of suggestions or choices.
- Diplomatically guide his/her decisions and help him/her narrow his/her options; make him/her feel that by his/her actions or something s/he said, you believe s/he wants to do "such and such" thing.

5. The Unsociable Person
This person is not hard to detect because s/he shows his/her lack of friendliness and cooperation through his/her face, his/her voice, and his/her actions. S/He is often skeptical and suspicious. How should you handle him/her?
- Restrain yourself from the natural antagonism which his/her behavior might arouse.
- Don't try to "warm him/her up" by being overly friendly. If you acknowledge his/her right to be unfriendly and refrain from trying to make him/her over, s/he may become your friend in the long run.

6. The Sociable Person
This person is friendly, agreeable, and talkative. S/He can be particularly exasperating because s/he wants to discuss everything but business. This person has to be put on the "right track" diplomatically. How should you handle him/her?
- Be friendly and do a reasonable amount of genuine listening.
- Try to manage the conversation so you can bring it to a close without appearing abrupt.
- This type of person is usually unaware that s/he is delaying you or other people. Don't embarrass him/her by letting him/her know s/he is.

Number Instructional Ideas

Thank the patient after each interaction is completed? _____
Disagree with the patient? _____
What is the best action by the employee you observed? _____
_____
_____
What is the worst action you observed? _____
_____
_____

F. For students to effectively assist patients, they will need to understand the people they are serving. There are many different types of patients with whom the student will interact. They will find that the majority of people are pleasant and friendly, and that the few who create problems can be handled if treated with thoughtfulness and consideration.

Six general "types" of people are outlined below. Included in each description are suggestions on how each type of patient might be handled best. Students should understand that these suggestions will be helpful in patient contact, but that it is important to remember that each person is an individual and should be treated as such.

1. The High-Gear Person
This is the person who is always in a hurry. S/He wants quick service and tends to be impatient. S/He doesn't understand why everyone else is slow. How can you handle him/her?
- Try to recognize him/her.
- Get what s/he wants quickly, and avoid asking unnecessary questions. Don't irritate him/her
- Use all of your self-control, plus a good deal of tact and diplomacy.

2. The Low-Gear Person
This is the exact opposit of the "high-gear" person: s/he is slow and deliberate in his/her movements; s/he is very patient, and does not explode; s/he is also a good listener who wants all the details. How should you handle him/her?
- Do not get irritated at his/her slowness; slow down with him/her.
- Give him/her all the details of a situation or service. S/He won't settle for less
- Show an interest in him/her and don't rush him/her.

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Instructional Ideas

E. After class discussion and/or class demonstration of A, B, C, and D above, a practical exercise will serve to reinforce these concepts. In this exercise students will be observing the communications and interpersonal skills of people who work in medical occupations. Instructions to students are:

1. Students will be divided into teams of 2 or 3 students.
2. The team will select the type of medical office and specific occupation they wish to observe and, with the instructor's help, make any necessary pre-visitation arrangements. (Unless the instructor prefers, it is not necessary to focus exclusively on Medical Secretaries. All businesses involve interpersonal relations.)
3. Students should read the Observation Guide before the visit.
4. During or after the visit, students will complete the Guide.
5. When the teams have finished, the class will discuss the effective and ineffective behaviors each team observed.

OBSERVATION GUIDE: Interpersonal and Communication Skills

Type of Medical Office _____
Employee's Occupation _____
Does the employee deal primarily with the patient? _____
Other employees? _____
What tasks does the employee perform? _____
_____
_____

Does the employee:
Greet the patient? _____
Speak directly to the patient? _____
Assist the patient? _____
Serve the patient promptly? _____
Answer questions? _____
Attempt to satisfy patient requests? _____
Keep patients waiting? _____
Speak to other employees: between patients? _____ while patients are waiting? ____
Talk on the telephone on personal matters? _____
Walk away from his or her place to chat with other employees? _____
Speak softly but clearly and courteously? _____

Number	Instructional Ideas

1107.02.03 A. Discuss assertive ness vs. aggressiveness.

B. Using articles from medical journals as well as personal experience, role play the following situations:
1) Tense
2) Awkward
3) Emergency
4) Embarrassing

C. Non-paid placement of students gives firsthand experience in dealing with various situations.

D. Discuss with students the BASIC RULES OF PATIENT RELATIONS. Eight rules are suggested below.

1) Be sincere: People always appreciate honesty and sincerity. When you say something, be sure you mean it.
2) Smile: Smiling is an important way of communicating. A smile generates a feeling of warmth and pleasantness. It is a mental "door-opener."
3) Call People by Their Names: People appreciate being recognized as individuals. Take time to notice their names and use them.
4) Be Understanding and Sympathetic: Never make anyone feel foolish or "dumb" if s/he makes an error or doesn't understand a procedure. Remember that you make mistakes, too. Take time to answer questions or explain things carefully.
5) Listen Attentively: Everyone likes to be treated with consideration and respect. Listen carefully to all requests, complaints and questions. In order to respond properly, you must listen to what is being said.
6) Avoid Arguments: Be agreeable as far as you can. Don't get upset just because someone else is upset; it won't solve anything. Start by determining what the problem is. Then agree that there is a problem, and repeat it as you understand it. Once the problem is defined, do your best to solve it, or refer the person to someone who can solve it.
7) Be Courteous: Courtesy need not be a great effort; it's the little things that count. A polite "excuse me," "thank you," or "you're welcome" indicates to the patient that you are considerate of his/her needs and feelings. People also appreciate being told to expect a short delay and having procedures explained to them. Try to treat others in the same pleasant way you like to be treated.
8) Be Appreciative: Everyone likes to know when they've done something right. Say "thank you," and mean it.

Number Instructional Ideas

9. Patience
   Give patients time to think (or allow patients to take their time).
   Give patients a chance to explain their problem completely before trying to help them solve it.
   Be calm when dealing with clients' personal problems, such as divorce or financial setback.
   Display self-control in trying situations (or keep your temper).
   Adjust to the demands of the job, such as deadlines, pressures, and conflicts.

10. Sincerity
    Mean what you say.
    Be genuinely concerned about others.
    Be yourself.
    Demonstrate sincerity through your actions.

11. Loyalty
    Be a patient of your office.
    Avoid complaining about your office to outsiders.
    Explain the office's policies to patients.
    Keep the office's business confidential.

12. Perservance
    Stick to a task until it is completed.
    Work steadily toward each goal you set.
    Never give up on what you set out to do.

13. Willingness to assume responsiblity
    Think for yourself.
    Make decisions in a systematic manner.
    Accept credit or blame for decisions.
    Accept responsibility for the work of the employees you supervise.
    Assume a shared responsibility for the success or failure of your work group.

Number	Instructional Ideas

4. Industriousness
   Keep busy.
   Offer to assist others.
   Be steady in your work.
   Be persistent about finding answers to problems.
   Work hard to ensure that reports are accurate and complete.

5. Creativity
   Notice things that need to be one and do them without being told.
   Look for better ways to do the job.
   Develop your own ideas.
   Make helpful suggestions.
   Demonstrate initiative in dealing with patients, other employees, and managers.

6. Cooperation
   Work as a member of a team.
   Know and follow the office's policies.
   Observe rules and regulations.
   Help new employees.
   Help fellow employees.
   Demonstrate sensitivity to the needs and motives of co-workers, supervisors, managers, and patients.
   Work cooperatively with individuals outside the office, such as suppliers, advertisers, and community representatives.

7. Courtesy
   Treat patients as guests.
   Be polite to everyone.
   Show appreciation.
   Show consideration for others.

8. Efficiency
   Plan your work.
   Do first things first.
   Keep supplies and materials in order.

Number

Instructional Ideas

Students can now consider ways to improve on all or some of these traits. In some cases, self-improvement will be a matter of changing attitude. In other cases, it is a matter of changing habits. The following "What to Do" hints may be helpful. The hints are stated in terms of employment tasks. If students are not employed, they can think in terms of school situations

What to Do to Improve Personality Traits

1. Honesty and integrity
   Take care of the office's supplies and materials.
   Keep all promises.
   Give accurate information to patients.
   State an opinion honestly when asked.
   Be truthful with coworkers, employees, and managers.

2. Interest and enthusiasm
   Learn about the office's services.
   Become interested in patients' problems.
   Put sparkle in your voice.
   Take paret in the office's activities.
   Read the office's and competitors' ads.
   Show price in the office.
   Learn about the importance of your job to the total operation of the office.

3. Dependability
   Be ready to serve patients.
   Follow the office's procedures and policies.
   Complete all assigned duties.
   Make accurate and complete reports.
   Take only the alloted time for refreshment breaks.
   Call the appropriate supervisor immediately if absence is necessary.

Number

Instructional Ideas

Directions: Have students rate themselves on the personality traits listed in the following table. Then the instructor completes a rating on each student. Students will compare the ratings and should save the results for comparison with a new set of ratings at the end of the course.

Personality Traits	Your Rating			Instructor's Rating		
	Excellent	Fair	Poor	Excellent	Fair	Poor
1. Honesty and integrity						
2. Interest and enthusiasm						
3. Dependability						
4. Industriousness						
5. Creativity						
6. Cooperation						
7. Courtesy						
8. Efficiency						
9. Patience						
10. Sincerity						
11. Loyalty						
12. Perserverance						
13. Willingness to assume responsibility						

Number	Instructional Ideas

GENERAL COMMENT: This module and public relations emphasizes student understanding of the patient, fellow workers, and him/herself. The Task Force hopes that the instructor will continue to refer to interpersonal relations throughout the course, as students put to practice what they learn in concept. An alternative is to teach the objectives and instructional ideas related to interpersonal relations in conjunction with the other skills. In either case, interpersonal relations are crucial to the student's employment success. It is an area that we as educators often do not stress enough, and the Task Force hopes that Medical Secretarial instructors will consider devoting more attention to this area.

1107.02.01 A. Develop and give students a checklist of "dos" and "don'ts" for appropriate dress/grooming for a medical secretary.

B. Review dress codes from local hospitals with the class.

C. Have posters displayed showing the well-dressed Medical Secretary.

D. Have students come to school dressed in their uniforms
1) Videotape each student
2) Playback videotapes
3) Have each student critizue him/herself

E. Critique professional staff in medical offices/hospitals.

1107.02.02 This objective implies more than just dress and grooming. It also implies pride in work. One way of approaching pride in work is to look on this skill as part of a student's personality traits. Those characteristics of students that are important to a Medical Secretarial career and reflect pride in work include:

- Honesty and integrity
- Interest and enthusiasm
- Dependability
- Sincerity
- Industriousness
- Creativity
- Cooperation
- Courtesy
- Efficiency
- Patience
- Loyalty
- Perserverance
- Willingness to assume responsiblity

All the traits can be developed. For this reason, give students an opportunity to rate themselves now on these traits and then again after they have had opportunities to develop any areas of weakness. A further advantage of this kind of experience is that most employers rate their employees. This expercise begins to accustom students to employee performance evaluations.

Number	Condition	Performance	Standard
1107.01.01	Given a checklist of appropriate dress/grooming codes for a medical office,	the student will be able to identify the elements of this list	with 90% accuracy.
1107.01.02	Given a series of simulated "tense" situations and a checklist of responses,	the student will respond appropriately	earning a score of "pass" on at least 90% of the items on the checklist.
1107.01.03	Given a list of "tasks",	the student will prioritize the list according to the urgency of each task	with 80% accuracy.
1107.01.04	Given a simulated medical office experience with patients of several ethnic groups,	the student will make the patient feel welcome and comfortable even if there is a language difference	earning a score of "pass" on at least 80% of the items on the checklist.
1107.01.05	Given instructions in role plays of various body languages,	the student will interpret what is being conveyed	with 80% accuracy.

Number Instructional Ideas

Section 7 - In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

Section 8 - A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

Section 9 - A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the charcter of patients, unless he is required to do so by law or unless it becomes necessary to order to protect the welfare of the individual or of the community.

Section 10 - The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

1106.05.03 The following are available from local hospitals for class discussions:

- Consent to Access to Hospital Records
- Consent to Operation
- The Living Will

1106.05.04 BEDDS contains a complete set of Legal Secretarial Ethics (request BEDDS Catalog No. 003-302.42 A) lessons which are easily adapted to Medical Secretarial training. If you are not already familiar with BEDDS (Business Education Data Dissemination System), talk with your Department Chair or call your State Department of Education Business Education Consultant for further information.

Number

Instructional Ideas

1106.05.02

The American Medical Association's
PRINCIPLES OF MEDICAL ETHICS

Preamble: These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

Section 1 - The principal objective of the medical preofession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section 2 - Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section 3 - A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

Section 4 - The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5 - A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

Section 6 - A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

Number

1106.05.01

Instructional Ideas

THE OATH OF HIPPOCRATES

I swear by Apollo, the physician, and Aesculapius, and Health, and Allheal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and stipulation, to reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required; to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it, without fee or stipulation, and that by precept. lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons and to those of my teachers, and to stipulation and oath, according to the law of medicine, but to none others.

I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; furthermore, I will not give to a woman an instrument to produce abortion.

With purity and with holiness I will pass my life and practice my art. I will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary art of mischief and corruption; and further from the seduction of females or males, bond or free

Whatever, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men at all times, but should I trespass and violate this oath, may the reverse be my lot.

Number Instructional Ideas

1106.03.01 Pretest Directions: Indicate whether the statement is a Yes/True or No/False statement.

____ 1. A mother telephones the doctor's office to find out if her teenaged daughter is pregnant. The mother informs you that she is entitled to this information since her daughter is a minor. Is she legally entitled to this information?

____ 2. It is all right to discuss patient's medical problems on breaks or at lunch in public places as long as it's with other office employees.

____ 3. The doctor is not in the office to renew one of the patient's prescriptions. The doctor always gives this patient refills, so it is all right if you telephone the pharmacy to have the prescription refilled.

____ 4. Errors are permissable on charts if corrected properly.

____ 5. The Medical Secretary should not question the doctor's decision to perform a medical procedure in front of the patient.

____ 6. It is not important for the medical secretary to note a patient's missed treatments.

____ 7. If a patient was hospitalized, the current physicians office can request any hospital charts by telephone.

____ 8. The Medical Secretary is not able to give out patient test results on the telephone, but can if the patient comes to the office.

Answers: 1. N/F; 2. N/F; 3. N/F; 4. Y/T; 5. Y/T; 6. N/F; 7. N/F; 8. N/F

1106.04.01 Posttest Directions for the Instructor: Have each student submit 3 - 4 examples of situations which involve medical ethics. These can be from magazines, newspapers, books, interviews with medical personnel, or any other resource. Choose the best 20 - 25 and use them as case study exercises or as a test. (E.g., the person should have done/said this _____).

Number	Instructional Ideas
	C. Demonstrate what can happen when confidentiality is broken. 1) Disseminate a rumor to one student. 2) Have the first student pass the rumor on to the second student, the second student pass it on to the next student, etc. 3) Have the last student hearing the rumor repeat it. 4) Compare the initial rumor with the final rumor.
1106.02.03	A. Discuss professional conduct. Develop a checklist on the appropriate conduct for a Medical Secretary. 1) With patient 2) With physician 3) With other staff members
	B. Have students role-play and then critique situations requiring professional conduct. For example: 1) The mother of a teenaged patient telephones the office and asks if her daughter is pregnant. 2) A Medical Secretary acts surprised/dismayed that the doctor has performed a particular procedure on a patient. The patient becomes upset in response to the secretary and threatens a lawsuit. 3) The Medical Secretary and the Medical Assistant are having lunch together. They jokingly comment on Mr. John Smith's obesity, not realizing that the lady at the next table is his mother.
	C. Have students develop role-playing situations.
	D. Videotape and/or tape record a serious role-play of professional conduct. Have each student critique him/herself.

Number	Instructional Ideas
1106.02.01	A. Have a lecture given by yourself or a guest speaker (physician) on the Hippocratic Oath (1106.05.01 and 1106.05.02 may be helpful). 1) What it is history? 2) How it effects the medical profession? 3) Develop a checklist on patient's rights. B. Have a lawyer come to the class as a guest speaker, possibly on the same day as the physician to discuss in layman's terms: 1) Patient's rights 2) Moral vs. legal issues 3) Causes for malpractice suits 4) Ways to avoid malpractice 5) Witnessing legal documents 6) Being called as a witness in a medical suit C. Have a lecture, discussion on values clarification 1) Give students "moral dilemma" problem(s) and have them discuss the problem(s) in small groups/one large group 2) Use a film series on moral issues which presents a situation, but stops before a solution is given. Again have students discuss possible endings.
1106.02.02	A. Analyze articles on malpractice. Discuss what part a Medical Secretary could play in causing/avoiding malpractice suits in regard to: 1) Patient confidentiality 2) Medical documents/consents 3) Professionalism B. Incorporate medical ethics throughout the course in as many other modules as possible.

Number	Condition	Performance	Standard
1106.01.01	Given a list of legal constraints regarding patient confidentiality and some examples of their application,	the student will be able to respond to hypothetical cases presented and determine whether confidentiality is required in that instance	earning a score of "pass" on at least 90% of the items on a checklist covering patients rights/ confidentiality.
1106.01.02	Given a series of consent/release forms and/or medical records and a set of instructions,	the student will complete the appropriate sections of the forms using proper procedures of correction if an error is made	until five consecutive forms have been completed (including corrections) with 100% accuracy.
1106.01.03	Given role played situations of various professional relationships between employer/employee and employee/employee,	the student will identify appropriate professional relationships	earning a score of "pass" on at least 90% of the items on a checklist for professional relationships

Number | Instructional Ideas

4. For each situation listed below, tell what technique you should follow for using the Call Direct.
   a. A flashing line button and a coordinated bell indicate an incoming call. _____
   b. The caller wishes to speak to your supervisor. _____
   c. You wish to make an outside call. _____
   d. The bell rings and the DL INT button flashes. _____
   e. You wish to call an interoffice extension. _____

Answers: Answers will vary according to most current rates. Other responses should be analyzed separately for correct information.

1105.05.01 The following references contain material relevant to this module:

Business Administration for the Medical Assistant, June Hall C.M.A., Ina Yernerich, C.M.A., Colwell Co., Campaian, IL 61820
Medical Office Management, (guide, workbook, and text) Career Publishing Co., Orange CA 92667
Insurance Billings in Medical Practice, (a guide and workbook with problems and forms), Career Publishing Co., Orange CA 92667
California Standard Nomenclature, (to replace RVS - 1974 ex.), Career Publishing Co., Orange CA 92667

NUMBERING PLAN AREAS
WITH CODES

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Courtesy American Telephone and Telegraph Company

Number

Instructional Ideas

2. Assume that it is the month of July and you are a Medical Secretary in an office located in the Central Time Zone. The area in which your office is located is on standard time, but during summer months many parts of the country are on daylight savings time (DST), which is one hour ahead of standard time. For each of the situations listed below, determine the hour to be used. Refer to the map on the following page for assistance.
   a. You are to place a call to Chicago when it is 10 a.m. in Chicago(DST). At what time will you place the call?
   b. You have been asked to place a call to Los Angeles at 4 p.m. What time will it be in Los Angeles (DST) when the call is received?
   c. You have received a long distance call from New York City. The doctor who is being called is out of her office but will return the call at 1 p.m. Since New York is on DST, what time you will tell the party in New York to expect the return call?
   d. You have received a call from a city which is on Mountain Standard Time shortly. The doctor who is being called is out but will return shortly. The party calling asks that she return the call at 3 p.m. Mountain Standard Time. At what local time should the doctor return the call?
   e. You have been asked to call a patient in Denver 2 p.m. What time will it be in Denver (DST) when the call is received?

3. For each situation listed below, tell what technique for using multi-button or key telephone you should use.
   a. A call comes in to one of the lines connected to your telephone, and the button connected to that line flashes. _____
   b. You wish to make a call from your multi-button telephone. _____
   c. While you are talking to a party on one outside line, a button connected to a second outside line flashes. _____
   d. You wish to terminate a second call and return to a party who was previously asked to hold. _____
   e. The doctor wishes to signal the Medical Secretary to come to his/her office. _____
   f. You wish to talk on the telephone to someone else in your office. _____

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Number		Instructional Ideas
	D. The Call	"Does the doctor treat stomach trouble?"
	The Answer	It depends upon the doctor's field of practice. Many people don't understand the various medical specialties and this call may come from a person referred to the doctor by a friend who didn't explain that the doctor is a specialist. If your doctor is unable to handle the case, you may have to refer the patient to another doctor. Always give the patient the names of at least three physicians when possible; these should only be names which your employer has had you place on the referral list. Never presume to make a diagnosis when a patient calls in with bizarre complaints. Transfer the call to the doctor himself or take the caller's name and number and have the doctor return the call later.
	E. The Call	"My next door neighbor is a patient of the doctor and I am quite concerned about her. Could you tell me what is wrong with her?"
	The Answer	Professional ethics is involved here. It is not the role of the Medical Secretary to give out any information about a patient's condition, except that information the physician has specifically okayed for "release." The caller in this case may be merely curious, or may actually be a kindly neighbor who wishes to help her friend. Generally, refer such calls to the doctor.

Scoring: The important points for each response have been underlined and numbered. Students should have identified 90% of these (i.e., 24 out of 27 possible poinsts) to have successfully completed the pretest.

1105.04.01 Posttest Directions:

1. Referring to a table of long distance rates in a local telephone directory, what are the typical rates for the first three minutes from your town to the major cities indicated.

	Station-to-Station		Person-to-Person	
	Day	Night	Day	Night
a. Phoenix, Arizona				
b. New York, New York				
c. Anchorage, Alaska				
d. Great Falls, Montana				
e. Honolulu, Hawaii				
f. Chicago, Illinois				

Number	Instructional Ideas

1105.03.01 Pretest Directions: The following is a telephone quiz based on the routine calls Medical Secretaries receive each day. The instructor will read the call to you. On a piece of paper, note the major points of an appropriate response from a Medical Secretary.

A. The Call — "I have an appointment with the doctor this morning and cannot keep it. May I come in this afternoon instead?"

The Answer — Even though this type of call throws the appointment book into confusion, showing irritation with the patient won't help the situation. Make a sincere effort to help the caller make a new appointment. Explain that appointments are made in order that the doctor can give the very best care without rushing his patients and that consequently keeping appointments is to each patient's personal benefit.

B. The Call — "I received my statement this morning and I don't understand why it is so high."

The Answer — When this type of call comes in, politely ask the patient to hold the line while you pull the financial card. When you return to the line, thank the patient for waiting and explain the charges carefully. If there is an error, apologize and say a corrected statement will be sent out at once. Thank the patient for calling. If patients are properly advised about charges at the time services are rendered, the number of these calls will be considerably reduced.

C. The Call — "Last time I had an office call, Doctor gave me a prescription for some sleeping tablets. I want you to call the druggist and OK a refill."

The Answer — Remember that the Medical Secretary is not licensed to practice medicine. Ask the patient for the prescription number, the date, the name, address and telephone number of the druggist, and obtain the patient's phone number. Explain that you will give the message to the doctor as soon as he returns to the office. At this point it may be advisable to pull the patient's history card and have it ready with the message when the doctor comes in. If he okays the refill, he may ask the secretary to phone the patient with the information.

Number	Instructional Ideas

Development of the Call

_____ 5. Had anticipated points to be covered and was prepared with necessary references.
_____ 6. Explained the nature of the call clearly and concisely.
_____ 7. Gave information to be recorded slowly and distinctly.
_____ 8. Confirmed information to assure mutual understanding.
_____ 9. Expressed appreciation.
_____ 10. Accomplished the purpose of the call.

Closing of the Call

_____ 11. Directed the conversation to a close in a prompt, yet tactful manner.
_____ 12. Replaced the receiver gently after closing remarks.

Voice Personality

_____ 13. Spoke directly into the mouthpiece in a distinct voice.
_____ 14. Used correct grammar; avoided using slang.
_____ 15. Was couteous.
_____ 16. Created a pleasing impression.

1105.02.04 Discuss with and have students role-play a series of telephone transactions with a focus on
1) Prioritizing calls when multiple calls occur
2) Acting appropriately for emergencies as well as routine calls
3) Correctly referring patients and giving information
4) Understanding legal limitations to what can be divulged to patients or patient's family either for the sake of the patient's privacy or because the Medical Secretary is not qualified to give medical advice. (See Medical Ethics Module 1106 for additional instructional ideas).

Number | Instructional Ideas

EXAMPLE:

Caller: (Dials 444-4933)

Medical Secretary: California Medical C[illegible]ic. Miss Killian speaking.

Caller: May I speak to Dr. Leuschner?

Medical Secretary: I'm sorry, Dr. Leuschner is with a patient at the moment. May I take a message for you?

Caller: Yes. Would you tell him Oscar Tandy from the Department of Health called regarding a medical insurance meeting.

Medical Secretary: Certainly, Mr. Tandy. Would you like to leave your number for Dr. Leuschner?

Caller: Yes. It is 444-0071.

EVALUATION FORM - OFFICE SITUATIONS

B. Person Making a Business Call

Beginning of the Call

____ 1. Verified the telephone number before calling.
____ 2. Dialed carefully after hearing dial tone.
____ 3. Allowed sufficient ringing time.
____ 4. Gave identification promptly.

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Number | Instructional Ideas

Closing of the Call

_____ 13. Left a pleasing impression at the close of the call.
_____ 14. Was certain that the conversation had been completed before replacing the receiver.

Voice Personality

_____ 15. Spoke distinctly, directly into the mouthpiece.
_____ 16. Used correct grammar; avoided using slang.
_____ 17. Injected polite expressions (please, thank you).
_____ 18. Reflected a friendly, sincere manner.
_____ 19. Acted with poise and confidence.
_____ 20. Gave the caller a feeling of assurance.
_____ 21. Represented the business courteously and efficiently.

1105.02.03 Obtain a teletrainer free of charge from the local telephone company or use obsolete telephone equipment to train students in proper telephone techniques. The checklists from the previous objective may be helpful. Have students practice answering the phone, role-playing realistic medical situations, for example:

1) Answering calls
   a. From patients
   b. From other medical offices/hospitals/ laboratories/pharmacies
   c. From medical office suppliers

2) Placing calls
   a. To patients
   b. To medical offices/hospitals/laboratories/pharmacies
   c. To medical office suppliers

Number Instructional Ideas

GENERAL COMMENT: In the modern doctor's office, the telephone is like a front door. It has been estimated that 80 per cent of the patients contact a medical office by telephone before ever entering it. The person responding makes the first, and often most lasting, impression. Good telephone technique is one of the greatest assets an assistant may have. It involves both ethics and etiquette.

1105.02.01 The Common Core of the CBEP Guide, Module 114, contains basic objectives and instructional strategies for telephone training. The instructor might review this module for applicable ideas.

1105.02.02 Develop a checklist to which students can refer during training. As training progresses, students can use the checklist to critique one another and suggest areas for improvement. The following points may be helpful in developing the checklist.

EVALUATION FORM - MEDICAL OFFICE SITUATIONS

A. Person Answering a Business Call

Beginning of the Call

_____ 1. Answered promptly and pleasantly.
_____ 2. Gave proper identification.

Development of the Call

_____ 3. Was attentive; displayed personal interest.
_____ 4. Used good judgment in deciding how to handle the situation.
_____ 5. Was alert to opportunities to be of assistance (transfer, call-back, message).
_____ 6. Volunteered helpful information.
_____ 7. Gave explanations effectively
_____ 8. Made inquiries tactfully.
_____ 9. Was prepared to take a message.
_____ 10. Recorded necessary information carefully.
_____ 11. Verified information (spelling, figures, etc.).
_____ 12. Used proper techniques when necessary to leave the line. Reported back very frequently.

Number	Condition	Performance	Standard
1105.01.01	Given typical medical office telephone situations,	the student will make spontaneous verbal responses	earning a score of "pass" on at least 90% of the items on a checklist covering voice, word usage, personality courtesy on the telephone.
1105.01.02	Given emergency and routine incoming calls, including calls which require information and referral,	the student will make appropriate verbal responses and take the appropriate actions in response to the call	earning a score of "pass" on at least 90% of the items on a checklist.
1105.01.03	Given requests to make outgoing calls to give or ask for information,	the student will successfully complete the call	earning a score of "pass" on at least 90% of the items on a checklist.

APPOINTMENT RECORD

DOCTOR

DATE

DAY

AM	8	00
		15
		30
		45
	9	00
		15
		30
		45
	10	00
		15
		30
		45
	11	00
		15
		30
		45
	12	00
		15
		30
		45
PM	1	00
		15
		30
		45
	2	00
		15
		30
		45
	3	00
		15
		30
		45
	4	00
		15
		30
		45
	5	00
		15
		30
		45

REMARKS & NOTES

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FORM # 56-6315 ©1965 BIBBERO SYSTEMS, INC., SAN FRANCISCO

PATIENT:

NAME: _____

BIRTHDATE: _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (HOME): _____ (WORK): _____

MARRIED: ____ SINGLE: ____ WIDOWED: ____ DIVORCED: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

PARENT (IF PATIENT A MINOR): _____

ADDRESS: _____

CITY: _____ ZIP: _____

OCCUPATION: _____

EMPLOYER: _____

SPOUSE (IF PATIENT MARRIED): _____

OCCUPATION: _____

EMPLOYER: _____

NEAREST RELATIVE OTHER THAN SPOUSE OR PARENT:

NAME: _____

RELATIONSHIP TO PATIENT: _____

CITY: _____ PHONE: _____

INSURANCE (PRESENT CARD): PRIVATE: _____ MEDICARE: _____ MEDI-CAL: ____

REFERRED BY: _____

FAMILY PHYSICIAN: _____

ALLERGIC TO DRUGS: _____

I HEREBY AUTHORIZE MY INSURANCE CARRIER TO MAKE PAYMENT DIRECTLY TO _____ FOR SURGICAL AND MEDICAL EXPENSES.
I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO HIM FOR ALL CHARGES NOT COVERED BY MY INSURANCE.

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SUBSCRIBER: _____ DATE: _____

MEDICAL HISTORY

1. List your present medications:

_____ _____

_____ _____

_____ _____

2. List your previous operations:

_____ _____

_____ _____

_____ _____

3. List your most recent hospitalization and the reason:

_____

_____

_____

4. Do you have:

	YES	NO
Heart Disease	___	___
Liver Disease	___	___
Colon Disease	___	___
Stomach Disease	___	___
Bone Disease	___	___
Diabetes	___	___
Lung Disease	___	___
Thyroid Disease	___	___
Bleeding Tendencies	___	___

SIGNATURE: _____ DATE: _____

NAME _____ DATE _____ AGE: _____ BIRTH DATE _____

ADDRESS _____

If child all information below pertains to parents. Name of

TELEPHONE _____ SOC SEC # _____ SPOUSE _____

EMPLOYER: _____

NAME ADDRESS TELEPHONE

SPOUCE EMPLOYMENT _____

NAME ADDRESS TELEPHONE

REFERRING DOCTOR _____ _____

NAME ADDRESS

INSURANCE INFORMATION

_____

NAME ADDRESS

PLEASE PRESENT INSURANCE CARDS SUCH AS BLUE CROSS, BLUE SHIELD ETC.

INDUSTRIAL CASES:

INS CO. _____ ADJUSTER _____

CITY _____ CLAIM # _____

PLEASE PROVIDE INSURANCE FORM AND ADDRESSED ENVELOPE AT TIME OF VISIT

NAME AND ADDRESS OF CLOSEST RELATIVE NOT LIVING WITH YOU

_____

_____

_____ TELE # _____

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DO YOU SMOKE: _____

REASON YOUR DOCTOR REFERRED YOU FOR CONSULTATION

_____

Dr. does not consult regards legal cases. If in the future you hire an attorney, and records are requested for your use in a legal action, it will be necessary to charge legal fees for amount of knowledge, opinion, secretarial work etc. to accomodate you and your attorney in your legal action. Be it further understood, all legal work will be delivered on a cash basis only. Medico-Legal servi-es also will be on a cash basis.

FIRST CONSULT PAYABLE AT TIME OF FIRST VISIT. REGARDLESS OF ANY INSURANCE CLAIM PENDING, YOU WILL RECEIVE A MONTHLY STATEMENT. WE CANNOT ACCEPT RESPONSIBILITY FOR COLLECTING YOUR INSURANCE CLAIM OR FOR NEGOTIATING A SETTLEMENT ON YOUR BEHALF REGARDS A DISPUTED CLAIM. THIS EXPENSE IS YOUR RESPONSIBILITY AND PAYABLE BY YOU.

CONSULTATION $90.00
followup exam 30.00
upon request our fee schedule for all other services will be provided.

I hereby accept responsibility of this medical call and assign all insurance benefits directly to M.D.

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_____
Signature of responsibility party.

PLEASE FILL OUT THIS FORM AND RETURN PRIOR TO YOUR APPOINTMENT. THANK YOU. THE APPOINTMENT CARD IS FOR YOUR INFORMATION